

MQAC CASE MANAGEMENT TEAM ASSESSMENT

CMT Wednesday Telephonic Assessment

Respondent: Muller, Bart

Case Number: 2011-162442

Date: <u>12-28-11</u>	Staff Attorney: <u>Landreau</u>	Clerk:
Panel Chair: <u>Burger</u>	Andison, Brantner, Burger, Clower, Concannon, Cullen, Elders, Green, Johnson, Pattison, Winslow, Cvitanovic, Dore, Gotthold, Harder, Harvey, Hendon, Hopkins, Marsh, Ruiz, Sen	
Management:	Jansen, Dr. Heye, Smith, Newmar, Creighton, McEachron,	
Staff Attorneys:	Farrell, Berg, Caille, McLaughlin, Landreau, Mager	

A. FILE CLOSED PRIOR INVESTIGATION (BEFORE)

<input type="checkbox"/> BT1 - Advertising that is a technical violation	<input type="checkbox"/> BT7 - Insufficient information	<input type="checkbox"/> BT12 - Profession-Specific Threshold Explain: _____ a) Violating confidentiality b) Inappropriate delegation to unlicensed person that does not involve invasive procedures or piercing of skin (e.g., RN instructs NA to apply skin cream) c) Failure to supervise resulting in no harm or minor harm to a patient d) Isolated incidents which suggest little or no patient harm, not likely to reoccur
<input type="checkbox"/> BT2 - Aged or outdated complaints	<input type="checkbox"/> BT8 - Issues which have been otherwise resolved. Explain resolution: _____ (Detail corrective action: practitioner is already revoked; ongoing monitoring, etc.)	<input type="checkbox"/> BT13 - Referral to another program or agency
<input type="checkbox"/> BT3 - Billing and fee disputes except as designated by disciplining authority	<input type="checkbox"/> BT9 - Lack of complaint credibility	<input type="checkbox"/> BT14 - Risk minimal, not likely to reoccur
<input type="checkbox"/> BT4 - Communication and personality issues	<input type="checkbox"/> BT10 - No Jurisdiction	<input type="checkbox"/> BT15 - Time practice on an expired credential for a period of time accepted by the disciplining authority
<input type="checkbox"/> BT5 - Complainant withdrew	<input type="checkbox"/> BT11 - No violation at the time the event occurred	<input type="checkbox"/> BT16 - Unidentified complainant, client or patient name and no allegations of significant harm or potential harm
<input type="checkbox"/> BT6 - If allegations are true, no violation of law occurred		<input type="checkbox"/> BT 17 - Unique closure (panel must explain)

Further Explanation (if any):

Request for Reconsideration DENIED

B. SCOPE OF INVESTIGATION AUTHORIZED: ☐ Entire complaint ☐ Limit ☐ Focus ☐ Expanded

Notes: _____

C. PRIORITY ☐ A (risk of immediate danger) ☐ B (serious risk) ☐ C (moderate risk) ☐ D (minor risk) ☐ E (technical violations)

D. CLOSED AFTER INVESTIGATION

<input type="checkbox"/> Application investigation only - Panel decides to grant without conditions	
<input type="checkbox"/> A1-Care rendered was within standard of care <input type="checkbox"/> A2-Complainant withdrew- <input type="checkbox"/> A3- Unique closure (panel must explain) <input type="checkbox"/> A5- Evidence does not support a violation	<input type="checkbox"/> A7-Mistaken identity <input type="checkbox"/> A8-No Jurisdiction <input type="checkbox"/> A11-No Whistleblower <input type="checkbox"/> A12-Risk minimal, not likely to reoccur
Further Explanation: _____	

E. SEXUAL MISCONDUCT CASE RCW 18.130.062

<input type="checkbox"/> Authorized Investigation yes / no <input type="checkbox"/> Retain by MQAC, clinical or standard of care issues, do not refer	<input type="checkbox"/> Set as Priority A yes/ no <input type="checkbox"/> Refer case to Secretary for non clinical issues
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GUIDE FOR CLOSURE CODES

September 2011

Code	Closure	Description
	Application	Decision to grant an unrestricted license.
A-1	Care rendered was within standard of care	The evidence establishes that the respondent met or exceeded the standard of care.
A-2	Complainant withdrew complaint	The complainant withdrew the complaint, and the complainant's testimony is necessary to meet the burden of proof.
A-3	Unique closure (Panel must explain)	Any concerns regarding Respondent have been resolved through corrective action, license revocation, and suspension, death of respondent or other circumstances. <ul style="list-style-type: none"> (explain): _____
A-5	Evidence does not support a violation	<ul style="list-style-type: none"> The evidence is not sufficient to establish by clear, cogent, and convincing evidence that Respondent violated any UDA provision. This includes situations in which the investigator was unable to obtain all material evidence.
A-7	Mistaken Identity	The case opened under the wrong respondent's name.
A-8	No Jurisdiction	Respondent is not licensed in Washington, has never been licensed in Washington, and is not applying for a license in Washington.
A-11	No Whistleblower Release	Complainant would not sign a whistleblower release AND the release of complainant's identity is necessary to prove a UDA violation.
A-12	Risk Minimal- Not likely to Reoccur	There is sufficient evidence that Respondent violated the UDA, but the evidence indicates that: (a) the violation is not likely to reoccur and (b) closure poses no more than a minimal risk to the public.

zdan guideclosecode revised mlf 0914-2011

RECONSIDERATION REQUEST
Case Number: 2011-162442

***Date: 12/23/2011**

Date: November 30, 2011
Presented by: George Heye, MD

Respondent:	MULLER, BART, MD	King County
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Complainant:	Ms. Saskia Valentine
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CASE SUMMARY

The Respondent:

Board Certified:	PSYCHIATRY AND NEUROLOGY	Certificate: Psychiatry
DOB:	04-30-1943	
Licensed since:	08-03-1971	
Expiration date:	04-30-2013	
Medical School:	1967—U of Amsterdam; Amsterdam, Netherlands	
Residency:	07/1972-01/1975—U of WA Med Ctr; WA— PSYCHIATRY	

The Complainant: A concerned citizen

Malpractice Settlement:

The Complaint: The complainant writes that she received a cryptic threatening email from the respondent. When she replied asking what business he had with her he did not respond. The patient feels that respondent may be involved somehow with an on-line business that has been harassing her for her political views.

***Reconsideration Request: 12/23/2011**

This case was presented at the 12/7/2011 CMT and closed BT-7, insufficient information. The complainant's email of 12/20/2011 asking for reconsideration does not add clarity to the original information. In addition her complaint has no evident connection to the practice of medicine.

Rec: 1 - Attorney Work Produ...

gh

Prior Cases:

1995-07-0050MD -- Specific details unavailable due to case age.
Closed NCFA.

2001-05-0053MD -- A Former Patient files this complaint asserting that the Respondent entered into a romantic relationship with her while he was treating her. He also smoked marijuana with her and took LSD together. There was also another Patient who lived with them during this time (75-85). The Patient has been in recovery for several years now and is employed and doing better. She works with a GHC counselor. She is willing to come forward.

Closed CNAE.

2006-01-0030MD -- A patient seems to be complaining about a diagnosis rendered by the respondent.

Closed Below Threshold (not investigated).

07-03-0032MD – The complainant sends a copy of a letter addressed to the president of a medical center. The complainant was dis-enrolled from the center's clinics a year ago for being abusive and threatening to a number of staff. He is just now sending a letter disputing that and complaining that several of the staff doctors do not understand black people or are just prejudiced against them. He wants an apology and also wants certain untrue entries deleted from his medical record.

Closed NCFA.

Recommendation:

Medical Quality Assurance Commission

CMT

Review of Cases

CMT Date/

Panel Members/

Decision:

MQAC CMT - DECEMBER 28, 2011
Les Burger, MD, Chair
Bruce Hopkins, MD
Mike Concannon, JD, Public Member
Terri Elders, Public Member
DECISION: REQUEST FOR RECONSIDERATION DENIED

Case No.:

2011-162442

The attached pages were reviewed:

441-457

RECONSIDERATION REQUEST
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Closed NCFA.

Recommendation:

Keeping Sweet in Seattle Whose shit list are you on? Spyera.com/products

- [Previous Chapter](#)
- [Next Chapter](#)

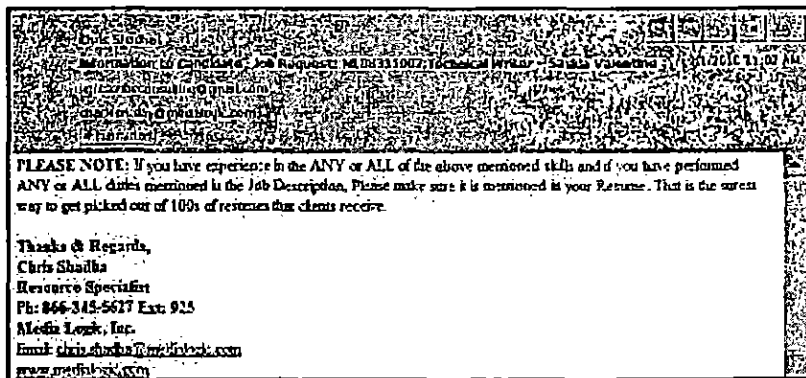
Fair game harassment

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- [Glossary](#)
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Chapter 3

The MeteorComm pretext

by [keepingsweets](#) on December 15, 2011 in [Uncategorized](#) and tagged [American Stasi](#), [covert harassment](#), [entrapment](#), [Group stalking](#), [harassment of immigration control supporters](#), [Media Logic sucks](#), [pro immigration control](#), [recruiter pretexting](#), [social justice fraud](#)



Chris Shadha email cc'd Charleen Day

Follow

Social engineering pretexting is an investigative tool used in the human resources and recruiting to confirm allegations against an employee of bias or wrong doing. Social activists are exploiting the human resources industry to gain access to employees and contractors for the purpose of harassment and entrapment.

In September of 2010, I gave Chris Shadha, an East Indian recruiter with Media Logic in Seattle the exclusive Right-to-Represent me for job No. ML08311002 with MeteorComm. Soon after, Kaitlin Johnson, a blond recruiter from Summit Group Solutions called about the same contract. When asked by another recruiter what contracts I'd been submitted for she tells me that the MeteorComm job had been closed for a while. My research into Media Logic exposes a network of well-connected social activists exploiting the human resources, academic research programs and DHS credentials to target people in support of immigration controls.

MeteorComm was co-founded by Media Logic's Strategic Planner, Donald Sytsma. "a global, wireless telecommunications company that provides [...] services around the world [...] serving a diverse customer base to track [and] monitor [...] including vehicles, locomotives, marine vessels [and] aircraft."

Kaitlin Johnson turns out to be an accountant and not a recruiter.

Chris Shadha's number rang to an electronic device and searches returned hits for Casino reservations and online gambling. He emails that I wasn't selected because I lacked 10 years experience although the job order required only 5-7.

Charleen Day, a recruiting manager cc'd on Shadha's email, produced search results of a Canadian business owner of Healthy Soul-utions. In June 2011, the soft-spoken Day confirmed both profiles were hers. Soon after I blogged about the MeteorComm pretext and posted a copy of Shadha's email, her LinkedIn profile showed her as a 'past' employee. So in August of 2011 when I called to speak with Sytsma and a brusque New Yorker identifying herself as Day answered, I was surprised and perplexed, that is until I was later served with a *restraining order for telephone harassment*. Was my call forwarded to Media Logic in Albany?

Media Logic in Seattle's About web page describes a 'for profit' social venture company that threatens business who fail to address race issues with 'continuous litigation' and a 'deteriorating public image' and a vision to spread this model globally. *They are not a law firm so how do they do this?* Their service is the IT design and development, data storage and security systems and training people to administer them. Their long client list covers the public and private sectors. Sister company, Media Logic in Albany, is a television commercial marketing company creating its own cybernetics utopia.

The US is the most racially diverse country on the planet and the third most populous. If we shut the borders our competitive creativity would surely not be at risk from inbreeding. The risk comes from a population that is overwhelmed and too disaffected to invest properly education and infrastructure.

Is racial politics a facade for interests whose primarily goal is keeping borders around the world open at any cost and using access and technology to snoop and harass, thwart and entrap those who support immigration controls?

Follow

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☐ Notify me of new posts via email.

Post Comment

December 2011

Follow

McEachron, Melissa M. (DOH)

From: McEachron, Melissa M. (DOH)
Sent: Friday, December 16, 2011 4:46 PM
To: 'keepingsweetinseattle@gmail.com'
Subject: Information on Complaint Response
Attachments: 1-2-02_ComplaintResponse.pdf

Ms. Valentine,

I wanted to follow-up with you regarding our conversation earlier this week. As promised, I'm sending (attached) the agency policy the Medical Quality Assurance Commission uses to evaluate complaints. The policy outlines the situations in which the Medical Commission believes it is mandatory to conduct an investigation. In all other situations, an investigation is optional.

If you have further questions about the policy or the request for reconsideration process, please call or email me.

Thank you,

Melissa McEachron
Program Administrator
Medical Quality Assurance Commission
360.236.2758
melissa.mceachron@doh.wa.gov

Public Health - Always Working for a Safer and Healthier Washington

McEachron, Melissa M (DOH)

From: Saskia [keepingsweetinseattle@gmail.com]
Sent: Tuesday, December 20, 2011 1:43 PM
To: McEachron, Melissa M (DOH)
Subject: Case No.: 2011-162442MD, MD 00012004 - request for reconsideration

Follow Up Flag: Follow up
Flag Status: Flagged

Re: Bart Muller, MD

Case No.: 2011-162442MD, MD 00012004

Dear Ms. McEachron,

I would like to request reconsideration of my complaint. Please allow me to try to clarify my complaint:

Bart Muller has engaged in unprofessional conduct that falls within the scope of RCW 18.130.180

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action.

I do not have a patient-doctor relationship with Bart Muller and have never met him. I was surprised to get any email communication from him at all. He did not respond to my request to fully identify himself, state his business with me or clarify if his email was intended as a threat.

1. By referring to "Difficulties" and invoking a name that only my family members use (Susan) he implies that he knows me personally.
2. His directive language, "It's time for you to go home." implies that he has authority over me.
3. His statement, "It's time for you to go home." implies that he knows I'm traveling away from home (I was in Salem, Massachusetts at the time I received his email.
4. His email is sent to an address, keepingsweetinseattle@gmail.com, that I use only for dealing with harassment issues. For regular personal email, I use dutchskyblue@yahoo.com and for professional email I use saskia.techwriter@gmail.com. The phrase, "keeping sweet in Seattle" is intended to point out the irony of liberal groups attempting to socially control people with opposing viewpoints.

Although he does not specifically state that he is my doctor, when I've attempted to report him for cyber-stalking, law-enforcement infers from the tone of his email that he is my doctor and will not take a report. This prevents me from reporting a crime and also prevents me from filing a restraining order to protect myself from him representing himself as my doctor. When I've pushed to get reports taken the police department contacted King County Public Health who sent social workers to my door.

Without proof that Bart Muller is not my doctor I'm also not able to get a civil rights attorney to help me because they too infer from the tone of his email that he is my doctor. The King County Bar Association even offered to return my money rather than refer me to an attorney.

Because Bart Muller is believed to be connected to Media Logic the potential threat to me is very real. Media Logic uses race and social justice as a facade for targeting people who support immigration controls. Their stated motive is to ruin people (see mediaLogic.com/about). This company has been involved in harassment and attempts to entrap me on bias which would put me at risk for being sued. They have also fraudulently accused

me of making harassing phone calls and filed a restraining order against me. Because of Bart Muller's email I was not able to get a Civil Rights attorney to help me. Because of Bart Muller's email, I was afraid to appear in court alone in what should have been an easy case to fight because I have email and phone evidence to defend myself with. (see <http://keepingsweetinseattle.wordpress.com/2011/12/15/the-meteorcomm-pretext/>).

Doctors like Bart Muller play a key roll in protecting organizations like Media Logic from being prosecuted for violating the First Amendment rights of American citizens.

Sincerely,

Saskia Valentine
9073 Pine Mission Ave
Las Vegas, NV 89143
206-856-1778

NOTICE

WAC 246-15-030, procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) Instructs that staff will affix a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of health about the improper quality of care by a health care provider as defined in RCW 43.72.010 **shall remain confidential**.

Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is not disclosed.

NOTICE



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

December 8, 2011

Saskia Valentine
9073 Pine Mission Ave
Las Vegas, NV 89143-1178



COPY

RE: Bart Muller, MD
Case No.: 2011-162442MD; MD00012004

Dear Ms. Valentine:

Thank you for your recent letter in which you expressed concerns regarding an allegation of unprofessional conduct.

A panel of the Medical Quality Assurance Commission reviewed the issues raised in your report and determined they do not meet the criteria established for cases which are to be investigated. Specifically, the complaint contained insufficient information. As a result, this case has been closed. You may request reconsideration within 30 days of receiving this letter if you have new information to submit.

Enclosed is a list of the medical societies located throughout the state of Washington. Medical Societies attempt to resolve disputes between their member physicians and patients who have concerns. Perhaps they may be of assistance.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission. If you have any questions, please call me at (360)236-2758 or contact me by email at melissa.mceachron@doh.wa.gov.

Sincerely,

Melissa McEachron, Program Administrator
Medical Quality Assurance Commission

Enclosure: Medical Societies Listing





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

December 8, 2011

Bart Muller, MD
901 Boren Ave
Ste 1020
Seattle, WA 98104-3508



COPY

RE: Bart Muller, MD
Case No.: 2011-162442MD; MD00012004

Dear Dr. Muller:

The Medical Quality Assurance Commission received a report alleging unprofessional conduct. A panel of the Commission reviewed the report and determined that it did not meet the criteria established for cases which are to be investigated. Therefore, this case has been closed.

You have the right to request any information contained in the file. However, please note that the state whistleblower law, *RCW 43.70.075*, prohibits disclosure of the complainant's identity in cases where a whistleblower waiver has not been obtained. Consequently, any information you might obtain through a public disclosure request would not contain specific details of the complaint. *If you would like a summary of the case or other materials in the file, please submit a written request for a copy to the Department of Health, Public Disclosure & Records Center, PO Box 47865, Olympia, WA 98504-7865 or fax to (360)586-2171. Their email address is PDRC@doh.wa.gov.*

Because the report file was closed without an investigation, the existence of this report is not releasable through the automated voice response system or in response to telephone inquiries. However, the report is subject to written public disclosure requests (*RCW 18.130.0-95* and *RCW 42.17*). Even though this case has been closed, you have the right to voluntarily submit a written statement which will become part of the file and will be provided in response to any public disclosure request.

As stated in paragraph 2 above, if you wish to request a summary of this complaint, please contact the Public Disclosure & Records Center directly. If you have any questions, other than requesting a copy of the complaint or inquiring what the complaint is about, please call me at (360)236-2770, or contact me by email at jim.smith@doh.wa.gov.

Sincerely,

JAMES H. SMITH, Chief Investigator
Department of Health
Medical Quality Assurance Commission



Hamilton, Cindy (DOH)

From: DOH OS MQAC
Sent: Tuesday, November 29, 2011 8:30 AM
To: Hamilton, Cindy (DOH)
Subject: FW: Complaint against Bart Muller, MD00012004

For you,

Dawn Thompson

Dawn Thompson, Credentialing Specialist
Medical Quality Assurance Commission
Washington State Department of Health
PO Box 47866, Olympia WA 98504-7866
Email: dawn.thompson@doh.wa.gov
phone 360-236-2765
fax 360-236-2795
Web address: www.doh.wa.gov/hsqa/mqac

"Promoting Patient Safety and Enhancing the Integrity of the Profession through licencing, discipline, rule-making, and education."

From: Saskia [mailto:keepingsweetinseattle@gmail.com]
Sent: Tuesday, November 29, 2011 1:04 AM
To: DOH OS MQAC
Subject: Complaint against Bart Muller, MD00012004

Medical Quality Assurance Commission
P.O. BOX 1099
Olympia WA 98507-1099
Email: Medical.Commission@doh.wa.gov
Phone: 360.236.2750
Fax: 360.236.2795

Re: Complaint against Bart Muller, MD00012004

Dear Commissioners:

While traveling on the East Coast, I received a cryptic threatening email from a Bart Müller MD. I demanded that he fully identify himself, explain what business he had with me and confirm if his email was an a threat. He did not respond. He also called me by a name only my family uses. His email links to the website of a psychiatrist in Seattle. I am not connected to him other than being the target of harassment by Media Logic. Bart Muller resembles Don Sytsma at Media Logic and may be a close relative, both men are from the Netherlands.

Harassing me for voicing political views or reporting abuses is a violation of my First Amendment rights. Using professional authority to intimidate is a crime.



----- Original Message -----

Subject: Difficulties

Date: Tue, 9 Aug 2011 18:38:56 -0700 (PDT)

From: Bart Muller <muller_bart@yahoo.com>

Reply-To: Bart Muller <muller_bart@yahoo.com>

To: keepingsweetinseattle@gmail.com

<keepingsweetinseattle@gmail.com>

Hi "Saskia" (Susan)

It's time to go home now.

-----end of message -----

Bart Muller, MD (Dutch)

CABRINI TOWER STE 1020, 901 BOREN AVE, SEATTLE, WA,
98104-3595

phone 206 624-3311

<http://www.bartmullermd.com/about.html>

<http://www.seattlemet.com/issues/archives/articles/0810-top-doctors-2010/25/>

Year of Birth: 1948

Medical degree from Univ. of Amsterdam 1967 (*at age 19*) ??

Immigrated from the Netherlands in 1971 (*at age 23*)

Psychiatric training at the University of Washington 1975 (*at age 27*)

medical license number: MD00012004 (Recertified 2008)

Business Lic UBI: 602839712 (first issued 2008 at age 60) ??

Donald Sytsma (Dutch)

Director and Strategic Planner

Media Logic, Inc (aka Media Logic in Seattle)
1420 Fifth Avenue - Suite 2200, Seattle, WA 98101
Telephone: 206-243-1000, FAX: 206-575-0168
<http://medialogic.com/about>
http://medialogic.com/Leadership.asp#Donald_Sytsma
<http://ethix.org/tag/don-sytsma>
Year of Birth 1941?
Business Lic UBI: 601391652 (first issued 2007)
Immigrated from the Netherlands in 1948

The stick: Media Logic, Inc. (aka Media Logic in Seattle), describes itself as a 'for profit' social venture company and threatens businesses with continuous litigation and a deteriorating public image if they fail to address race issues. They use technology to snoop exploit, harass and entrap. I'm not a company and have never been in a supervisory position, have not harassed anyone at work or caused anyone to be fired. I do however support immigration controls and report abuses.

They were discovered to be the source of the harassment after their recruiting manager, Charleen Day, attempted to entrap me on a Right-to-Represent agreement with an East Indian recruiter in September 2010. I've since found that most of the people I've identified have connections to Media Logic.

When I attempted to contact Donald Sytsma in August 2011, my call was forwarded to a woman claiming to be Charleen, who then filed a restraining order against me for harassing calls. As of June 2011, her LinkedIn profile showed her as an ex-employee of Media Logic so there was no reason for me to expect Charleen to be answering the corporate phone. <http://www.linkedin.com/pub/charleen-day/25/365/130>

They claim minority status for being owned by a Hispanic female but they appear to be a sister company of Media Logic in Albany with shared leadership and family. (no image of found of founder Kathy Hobbs.)

The carrot: Media Logic, Inc (aka Media Logic in Albany): Founded in 1984. A 'progressive' marketing firm that creates its own reality.
<http://mlinc.com/people>



David Schultz

Founder & President

Department of Defense contracts for Media Logic in Seattle

<u>Amount</u>	<u>Parent Company Name</u>	<u>Major Agency</u>	<u>Product or Service</u>	<u>Dz</u>
<u>148,035</u>	MEDIA LOGIC, INC	Dept. of Defense	Automatic data processing and telecom. services	20
<u>165,005</u>	MEDIA LOGIC, INC	Dept. of Defense	Automatic data processing and telecom. services	20

Please feel free to contact me with any questions.

Saskia Valentine
9073 Pine Mission Ave
Las Vegas, NV 89143
(206) 856-1778

Note: I moved from WA to NV in November 2011

Title: Complaint Response Process		Supersedes: <u>January 22, 2009 version of</u> <u>HSQA Procedure 1-2-02</u>
Purpose	This standard business practice describes the complaint response process used by HSQA to assess complaints and determine enforcement actions.	
RCW, WAC or policy	<u>Chapter 18.130 RCW</u>	
Tools or Forms	Tools: <ul style="list-style-type: none"> • <u>Flowchart</u> Forms: <ul style="list-style-type: none"> • <u>Form 1-2-02A Assessment Worksheet</u> • <u>Form 1-2-02B Case Disposition Worksheet</u> • <u>Form 1-2-02C Sanctions Worksheet</u> 	
Approved by Office Director(s)	Office of Health Professions & Facilities: Steven Saxe Office of Customer Service: Shannon Belger Office of Investigation and Inspection: Dave Magby Office of Legal Services: Bill Kelington Office of Community Health Systems: Janet Kastl	
Chief Administrator	HSQA Chief Administrator: Shannon "Sam" Marshall	
Date Approved for posting	January 22, 2009	
Effective date	December 10, 2009	
Date for review	December 10, 2010	
Contact person	Kirby Putscher, Case Management Administrator	
Office	Office of Investigation and Inspection	
Phone	(360) 236-4868	
<p>This standard business practice describes the standard used to respond to complaints about regulated providers and unlicensed practice. It identifies the case coordination process after intake. This standard business practice also outlines criteria to consider when deciding whether to:</p> <ul style="list-style-type: none"> • investigate complaints (thresholds), • take enforcement action (case disposition and sanctions), or • close a complaint. 		

Definitions	
Agreed Order	A document issued by the disciplinary authority that is negotiated by the health care professional and their attorney, if represented, with representatives of the Department of Health.
Assessment	The process used to determine whether to investigate a complaint or close it without investigation
Below Threshold	Thresholds established by each disciplinary authority that are used as a basis to close a case concerning a health care provider (practitioner or facility) without an investigation or disciplinary action. Below threshold complaints are ones that suggest little or no risk of harm to the public.
Board	Members of a health care profession and public members appointed by the Governor to determine the competency and quality of health care professionals in a particular profession.
Case Disposition	The process of evaluating evidence from an investigation and making a decision to take action or close the complaint.
Case Management Team	A core group of staff used to ensure group assessment and decision-making in all matters that may lead to adjudicative action. Participants may include: case manager, program manager, staff attorney, chief investigator or designee, executive director or designee. Credentialing supervisors and compliance officers participate as needed.
Commission	Members of a health care profession and public members appointed by the Governor to determine the competency and quality of health care professionals in a particular profession.
Disciplinary Action	Formal or informal actions a disciplinary authority can take to limit or restrict a health care professional in practice or to impose conditions for practice.
Disciplining Authority	The entity authorized by law to regulate the profession.
Expedited Case Management Team (ECMT)	A core group of staff to assess reports alleging possible imminent danger issues. it may also be used to coordinate the handling of complex and otherwise challenging cases. At a minimum, participants include case manager, supervising staff attorney and chief investigator. Later meetings may also include the assigned Assistant Attorney General and may include the program manager, executive director or designee.
Final Order	A document issued by the disciplinary authority that is issued as a result of a formal hearing.
Health Law Judge	An attorney employed by the Department of Health to conduct adjudicative proceedings.

Imminent Danger	A serious risk of immediate adverse impact to the public health, safety or welfare.
investigation	The process used by trained Department of Health employees to interview people and gather the facts about a complaint.
Jurisdiction	A legal term that refers to the subject matter a disciplinary authority is allowed by law to address.
Multi-authority complaint	Reports or complaints related to a single practitioner or facility regulated by multiple regulatory authorities within HSQA or complaints/reports related to multiple practitioners or facilities related to a single event. It may also include a regulated provider and unlicensed practice.
No Cause for Action	A complaint that is closed because no violation of the law has been proven.
Notice of Correction	A notice issued to the health care professional that a violation of a statute or rules has been documented. The notices are not considered disciplinary actions.
Notice of Decision	A document used to notify applicants of the denial of their application under <u>RCW 18.130.055(1)(d)(failure to provide qualified for license)</u> .
Regulatory Authority	The entity authorized by law to regulate the profession, facility or activity, including the disciplinary or disciplining authority in the Uniform Disciplinary Act (UDA).
Report	information that raises concern about conduct, acts or conditions related to a regulated provider or activities regulated by the Department.
Single Complaint Case Management Team	A core group of staff to review cases that involve multi-authority complaints. Participants must include the Case Management Administrator or designee, and representatives of each affected program. This may include the case manager, supervising staff attorney, supervising investigator, and program manager and executive director or designee.
Statement of Charges	A document issued that presents allegations of violations of the law.
Stipulation to informal Disposition	An informal method for the disciplinary authority to resolve a complaint against a health care professional.
Summary Coordinator	A member of the OLS management team identified to coordinate summary actions.
<u>Uniform Disciplinary Act</u>	Washington state law that provides standardized standard business practices for approving applicants for credentials and for disciplining health care professionals.

Steps	Activity or Event(s)	Person(s) Involved
	<p>For purposes of this standard business practice, reference to the disciplining authority refers to:</p> <ul style="list-style-type: none"> • The case management team (CMT) for Secretary-regulated professions and facilities. in the event the CMT is not able to reach consensus, the affected Office Directors substitute for the CMT. • The board or commission in board or commission-regulated professions. 	
1.	<p>if the Complaint intake Supervisor requests an expedited case management team (ECMT), the ECMT evaluates the report and determines its priority. if the report involves the risk of imminent harm, it is assigned priority A in the database.</p> <p>A. If the current report is serious (high priority) and justifies investigation on its own merit, the Expedited Case Management Team (ECMT) can authorize an immediate investigation in Secretary-regulated professions or facilities without review of prior discipline and complaints.</p> <p>B. Follow-up ECMTs are convened as necessary in order to monitor the appropriateness of the assigned priority and to ensure a team-based approach is being used to quickly process high priority cases.</p> <p>C. in high priority cases involving Board/Commission professions, the team makes a recommendation and refers the case for a prompt review by a reviewing member and a specially scheduled panel. In high priority cases involving Secretary professions the team makes the ultimate case disposition decision.</p> <p>All ECMTs are followed up with a memo to the participants and summary coordinator and stored in the case management share drive.</p>	<p>liO – Case Management OLS</p>
2.	<p>Any staff person can call an ECMT at any stage of investigation or case disposition in order to reconsider case priority in light of factual developments.</p>	<p>All HSQA Staff</p>
3.	<p>Some cases are referred to the Case Management Administrator, as single complaint coordinator.</p> <p>A. If a pilot commission is involved, the Case Management Administrator contacts the pilot commissions to find out if they are going to participate in the single complaint process.</p>	<p>liO – Case Management Administrator</p>

	<p>B. The Case Management Administrator convenes a Single Complaint Case Management Team (SCCMT) to evaluate the complaint, assign priority, and determine how to manage the complaint response. This may include determining which authority will take the lead and how the authorities will coordinate their efforts.</p> <p>C. The Case Management Administrator monitors activities and tracks the process through final resolution.</p> <ul style="list-style-type: none"> • Case managers must regularly update the Case Management Administrator, particularly as closure decisions are made. • The Case Management Administrator tries to minimize duplicate correspondence and keep the complainant updated about which complaints are still pending. 	
4.	When a report appears in the case manager's work queue in the database, (s)he reviews the case record as well as the complaint summary and related documents on the share drive.	iIO – Case management
5.	<p>The case manager schedules presentation of reports to the regulatory authority:</p> <ul style="list-style-type: none"> • For secretary regulated – CMT • For board/commission regulated – a panel of member 	liO – Case management
6.	<p>The regulatory authority determines whether the program has jurisdiction in the case.</p> <p>A. The program has jurisdiction if:</p> <ul style="list-style-type: none"> • The complaint relates to conduct regulated by the Department of Health • The individual or entity held a credential at the time of the alleged or investigated conduct or condition, or • The individual or entity has applied for a credential • it is a Board/Commission sexual misconduct case without clinical issues involved <p>B. The program does not have jurisdiction over issues unrelated to patient or public safety. For example:</p> <ul style="list-style-type: none"> • Employer/employee issues covered by employment law • Political activities 	liO – Case management
7.	<p>If the regulatory authority has jurisdiction, it must determine whether there is some other reason to close the report without further action.</p> <ul style="list-style-type: none"> • Reports may be closed without investigation on the basis 	iIO – Case management

	<p>the alleged conduct may not amount to a violation.</p> <ul style="list-style-type: none"> • Reports may be closed without investigation as below threshold. Thresholds include: <ul style="list-style-type: none"> ○ Advertising that does not appear false, fraudulent, or misleading; ○ Anonymous complaints that do not contain allegations of actual harm or significant risk of harm; ○ Billing and fee disputes; ○ Communication issues (this may include unintentional miscommunication; Personality disputes; ○ Lack of complainant credibility (based on prior complaints/experience); ○ isolated incidents which suggest little or no patient harm; ○ Aged or outdated complaints; ○ issues which have been otherwise resolved; ○ Practice on an expired credential for a short period of time. <p>There may be provider-specific threshold criteria as well. These criteria are in writing and approved by the disciplining or regulatory authority.</p>	
8.	At the time it assesses a complaint, the regulatory authority decides whether to close the report without investigation or authorize investigation. if a report alleges sexual misconduct and does not involve clinical issues, the board/commission refers to the secretary as the disciplining authority.	liO – Case management
9.	<p>in health professions, before a report is either closed or authorized for investigation, the disciplining authority must consider prior discipline and any complaints regarding the practitioner. This includes:</p> <ul style="list-style-type: none"> • stipulations to informal disposition (STIDs), • agreed orders, or • other final orders (default orders, waiver orders, and orders after hearing). The orders appearing on Provider Credential Search should serve this purpose. • if there were out-of-state actions, the national databank or national association data printout should be provided. • investigative reports • existing case summaries • other documents that clearly describe the nature and outcome of the complaint 	Disciplining authority

	The worksheet provided to the disciplining authority does not include the respondent's identifying information. That information is filled in after the disciplining authority has decided what steps to take.	
10.	if the disciplining authority feels it needs additional information related to the previous complaints, complaint intake staff will pull the underlying files.	OCS – Complaint intake
11.	<p>The disciplining authority may close reports (or recommend closure) before investigation if it determines they are below threshold.</p> <p>If the report is closed before investigation, the case manager:</p> <ul style="list-style-type: none"> • Completes the Assessment Worksheet • Updates iLRS to record the resolution • Ensures all completed forms are in the file and transfers report file to CSO-Complaint Intake for closure. 	IIO – Case Management
12.	<p>If the report is authorized for investigation, the case manager:</p> <p>For secretary-regulated providers:</p> <ul style="list-style-type: none"> • completes and signs the <u>assessment worksheet</u> • updates ILRS • ensures all completed forms are in the file and • transfers file to the IIO manager responsible for the regulated provider. <p>For board/commission professions:</p> <ul style="list-style-type: none"> • provides the <u>assessment worksheet</u> to the panel chair for signature • updates ILRS • ensures all completed forms are in the file and • transfers the file to the Chief Investigator. 	IIO – Case Management
13.	<p>Once the investigation has been completed the case record is given to the case manager. The case manager reviews the record in secretary-regulated matters and presents to CMT.</p> <p>In board/commission cases, the case manager assigns a reviewing member, and prepares a copy of the record for that member. The case manager monitors completion of the review and works with the reviewing member to schedule presentation for decision-making.</p>	iIO – Case management

14.	<p>At the presentation, the regulatory authority determines whether the case should be closed or whether action needs to be taken. If the case involves a facility, go to step 17.</p> <ul style="list-style-type: none"> • In health professions cases closed without action, the case manager completes the case disposition worksheet. • If the case is referred for action, the case manager completes the <u>case disposition</u> and sanction worksheets and gathers any reviewing documents presented in summary of the case. <p>In health professions cases, after investigation, the disciplining authority decides whether the complaint should be</p> <ul style="list-style-type: none"> • Referred to the Secretary as the disciplining authority in board/commission sexual misconduct cases where there are no clinical issues involved • Closed for lack of jurisdiction • Closed for no violation suggested • Closed for insufficient evidence of violation • Resolved with a notice of correction • Resolved Informally with a stipulation to informal disposition (STID) • Resolved by formal disciplinary action, commencing with a statement of charges 	IIO – Case management
15.	<p>The case manager prepares the <u>case disposition worksheet</u> at the time the disciplining authority determines what step to take. The worksheet provides guidance to staff about next steps and is filled in at the time the disciplining authority makes its case disposition decision.</p>	IIO – Case management
16.	<p>When the disciplining authority is deciding which action to take, it must utilize the <u>sanctions guidelines</u> to ensure the action taken fits with the guidelines. The level of action taken could be a Notice of Correction (NOC), Notice of Decision (NOD), Statement of Allegations (SOA) or Statement of Charges (SOC).</p> <p>A. NOCs are limited in use. NOCs are used when the violation has the following characteristics:</p> <ul style="list-style-type: none"> • No patient harm and low risk of future harm • Single occurrence • Violation occurred more than 2 years ago • No prior disciplinary history • Provider accepts responsibility for the violation and is willing to correct the violation 	IIO – Case management

- Self-remediation
- Supervision/monitoring is in place in the practice setting
- The most likely sanction is a fine

Notices of Correction are limited to minor violations, refer to the rule and, in professions, are not "unprofessional conduct". They involve the facts are undisputed and admitted. Examples include:

- Second time violations that were below threshold the first time
- Failure to complete continuing education (CE) requirements
- Minor infection control violations
- Practice on an expired credential for a moderate period of time (less than 60 days)
- Minor record keeping or reporting problems
- Name tag violations
- Utilizing out of date references
- Advertising violations
- Substandard patient disclosure statements
- Minor medication errors in a pattern or limited time

B. A Stipulation to Informal Disposition [STID] is appropriate when the facts involve conduct that does not require suspension or revocation and publication through news releases is not necessary for public protection.

Cases appropriate to resolve with a STID include:

- Minimal risk of harm to future patients or clients
- Only minimal to moderate patient harm
- No pattern of violations

C. Formal disciplinary action through a Statement of Charges (SOC) is indicated when significant sanctions are necessary, the public must be notified, and/or agreement is not likely.

A statement of charges should be issued when:

- The violation resulted in moderate or substantial patient injury
- The violation created a serious risk of harm
- There is failure to comply with a prior Order, STID, or Notice of Correction and suspension through a show cause process is not available
- STID has been offered but not accepted
- Pattern of significant violations
- Inability to practice with skill and safety due to mental or physical condition
- Revocation or suspension is necessary to assure public protection

17.	<p>After the case disposition has been completed, within 3 working days, the case manager updates ILRS and either transfers the case to CSO-Complaint Intake for closure or to OLS – Legal Intake for Initiation of action.</p> <p>A. For cases closed without action, the case manager:</p> <ul style="list-style-type: none"> • Updates ILRS to record the resolution • Sets the file and ensures all completed forms/evidence are in the case record • Transfers the file to CSO-Complaint Intake <p>B. For cases closed with action, the case manager:</p> <ul style="list-style-type: none"> • Updates ILRS to record the disposition • Sets the file and ensures all completed forms/evidence are in the complaint file • Transfers the file OLS-Legal Intake to establish the master case 	IIO – Case management
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Respondent: _____

Case Number: _____

Date: _____

Board/Commission/Profession: _____ Facility Type: _____

Presented by: _____

Staff present: _____

☐ Conference Call☐ Board/Commission/CMT meeting

Panel members: _____

A. FILE CLOSED:

<input type="checkbox"/> BT- No Jurisdiction	<input type="checkbox"/> BT- No violation at the time the event occurred	<input type="checkbox"/> BT- Advertising that is a technical violation	<input type="checkbox"/> BT- Communication and personality issues
<input type="checkbox"/> BT- Aged or outdated complaints	<input type="checkbox"/> BT- Risk minimal, not likely to reoccur	<input type="checkbox"/> BT- Lack of complaint credibility	<input type="checkbox"/> BT- Complainant withdrew
<input type="checkbox"/> BT- No complainant's or client/patient's name and no allegations of significant harm or potential harm	<input type="checkbox"/> BT- Billing and fee disputes except as designated by disciplining authority	<input type="checkbox"/> BT- Practice on an expired credential for a period of time accepted by the disciplining authority	<input type="checkbox"/> BT - Insufficient information
<input type="checkbox"/> BT- Profession-specific threshold. Explain: _____ _____ a) Violating confidentiality b) Inappropriate delegation to unlicensed person that does not involve invasive procedures or piercing of skin (e.g., RN instructs NA to apply skin cream) c) Failure to supervise resulting in no harm or minor harm to a patient d) Isolated incidents which suggest little or no patient harm, not likely to reoccur	<input type="checkbox"/> BT- Issues which have been otherwise resolved. Explain resolution: _____ _____ _____ _____ (detail corrective action: practitioner is already revoked; ongoing monitoring, etc.)	<input type="checkbox"/> BT- If allegations are true, no violation of law occurred	<input type="checkbox"/> BT- Referral to another program or agency. <input type="checkbox"/> BT- Incident reported by facility

Further explanation (if any): _____

B. INVESTIGATION AUTHORIZED:

Recommended priority: _____

Professions

- ☐ A (risk of immediate danger)
☐ B (serious risk)
☐ C (moderate risk)
☐ D (minor risk)
☐ E (technical violations)

Facilities

- (____ # of days)
 (____ # of days)
 (____ # of days)
 (____ # of days)
 (____ # of days)

C. SEXUAL MISCONDUCT CASES

For Board and Commission cases, panel should refer sexual misconduct cases to the Secretary when the case does not involve clinical expertise or standard of care issues. (Note: any pre-investigation referral should still include a panel authorization for investigation.)

- ☐ Panel finds there are clinical issues, do not refer.
☐ No clinical issues, refer case to Secretary

Notes:Initiate investigation and obtain records, including patient records.

Authorized by Panel Chair/CMgr: _____

Print Name of Panel Chair/CMgr: _____

per Program Staff (initials) _____ Reviewing Commission Member _____

(if applicable)

(if applicable)

Date investigation authorized: _____

Respondent: _____

Case Number: _____

Date Presented: _____

Profession: _____

Section: 3

Presented by: Taylor

Staff Attorney: _____

Staff present at B/C Disposition: _____

Pre-Assigned or Requested (circle one)¹**SEXUAL MISCONDUCT CASES**

For Board and Commission cases, panel should refer sexual misconduct cases to the Secretary when there are no clinical issues involved. (It is recommended to make this referral only after investigation; however, any pre-investigation referral should include a panel authorization for investigation.)

- ☐ Panel finds there are clinical issues, do not refer.
☐ No clinical issues, refer case to Secretary

Complete Signature Below Only If Case Is Referred to Secretary

Authorized by Panel Chair: _____

Print Name of Panel Chair: _____

per Program Staff (initials) _____ Reviewing Commission Member _____
(if applicable) (if applicable)

Date referral authorized: _____

A. REQUEST FOR LEGAL ACTION:☐ **Summary Action:**☐ Suspension ☐ Practice Restrictions _____☐ **Statement of Charges:**☐ **Statement of Allegations:**☐ **Notice of Correction:**☐ **Notice of Determination:**☐ **Withdrawal of SOC:**☐ **Withdrawal of SOA:**☐ **Compliance:** Release from STID☐ **Compliance:** Release from Order☐ **Compliance:** Referral to Collection Agency☐ **Compliance:** Authorization for Fast Track**Alleged Violations—RCW 18.130.180:**

- | | | |
|---|--|--|
| <input type="checkbox"/> (1) Moral turpitude | <input type="checkbox"/> (10) Aiding and abetting | <input type="checkbox"/> (19) Treating by secret methods |
| <input type="checkbox"/> (2) Misrepresentation of facts | <input type="checkbox"/> (11) Violation of rules | <input type="checkbox"/> (20) Betrayal of patient privilege |
| <input type="checkbox"/> (3) False advertising | <input type="checkbox"/> (12) Practice beyond scope | <input type="checkbox"/> (21) Rebating |
| <input type="checkbox"/> (4) Incompetence | <input type="checkbox"/> (13) Misrepresentation or fraud | <input type="checkbox"/> (22) Interference w/ investigation |
| <input type="checkbox"/> (5) Out of state action | <input type="checkbox"/> (14) Failure to supervise | <input type="checkbox"/> (23) Current drug/alcohol misuse |
| <input type="checkbox"/> (6) Illegal use of drugs | <input type="checkbox"/> (15) Public health risk | <input type="checkbox"/> (24) Sexual contact/patient abuse |
| <input type="checkbox"/> (7) Violated state or fed law | <input type="checkbox"/> (16) Unnecessary or inefficacious drugs | <input type="checkbox"/> (25) Acceptance of more than nominal gratuity |
| <input type="checkbox"/> (8) Failure to cooperate | <input type="checkbox"/> (17) Criminal conviction | |
| <input type="checkbox"/> (9) Failure to comply | <input type="checkbox"/> (18) Criminal abortion | |

Other Violations of Relevant State or Federal Law: _____

Or

RCW 18.130 .170: ☐ Mental Impairment ☐ Physical Impairment**B. FILE CLOSED:**

<input type="checkbox"/> No Jurisdiction	<input type="checkbox"/> No violation at the time the event occurred	<input type="checkbox"/> Conduct was within standard of practice	<input type="checkbox"/> No violation determined
<input type="checkbox"/> Evidence does not support a violation	<input type="checkbox"/> Risk minimal, not likely to reoccur	<input type="checkbox"/> Mistaken identity	<input type="checkbox"/> Care rendered was within standard of care
<input type="checkbox"/> Insufficient evidence	<input type="checkbox"/> Complainant withdrew	<input type="checkbox"/> No Whistleblower	<input type="checkbox"/> Complaint unique closure
<input type="checkbox"/> Application Investigation Only- No Action to Deny			

Further explanation (if any): _____

C. OTHER, EXPLAIN (Legal Review, Return to Investigation, etc.):

¹ Program may request a specific staff attorney who has prior experience with the file or the Respondent.

Profession: _____

☐ NOD☐ SOA/STID☐ C&D☒ SOC/AO☐ SUMMARY**SANCTIONS WORKSHEET****A. Case Specifics:**

Respondent _____

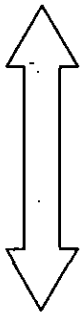
Case Number _____

Conduct (briefly summarize):
_____**B. Select the appropriate Sanction Schedule or Schedules:**

(If multiple violations are involved, a single worksheet is used, but multiple severity tiers identified.)

1. ☐ Practice Below The Standard Of Care (WAC 246-16-810) 4. ☐ Diversion (WAC 246-16-840)
 2. ☐ Sexual Misconduct or Contact (WAC 246-16-820) 5. ☐ Substance Abuse (WAC 246-16-850)
 3. ☐ Abuse- Physical and/Or Emotional (WAC 246-16-830) 6. ☐ Criminal Convictions (WAC 246-16-860)
 7. ☐ None of the Above

C. Circle the appropriate Tier of the Sanction Schedule:

	Severity Tier	Sanction Range In consideration of Aggravating & Mitigating Circumstances		Duration
		Minimum	Maximum	
	A	Conditions that may include reprimand, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 3* or 5* years which may include reprimand, training, monitoring, supervision, evaluation, probation, suspension, etc.	*Schedules 1, 2, 3: 0 – 3 years *Schedules 4, 5, 6: 0 – 5 years
	B	Oversight 2 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 5* or 7* years which may include suspension, probation, practice restrictions, training, monitoring, supervision, evaluation, etc. OR Revocation	*Schedules 1, 2, 3, 6: 2 – 5 years *Schedules 4, 5: 2 – 7 years Unless Revocation
	C	Refer to Individual Sanction Schedules	Refer to Individual Sanction Schedules	*Schedule 1: 3 years – Permanent *Schedules 2, 3, 4, 5: 5 years – Permanent *Schedule 6: 6 years – Permanent

(Always start in the middle of the range, and move along the spectrum with aggravating/mitigating circumstances.)

D. Prior disciplinary history or other related violation (briefly describe):
_____**E. WAC 246-16-890 Sanctions: Aggravating and Mitigating Factors:**(Indicate which, and check all that apply)

- | | | | |
|--|---|---|--|
| 1. Related to Misconduct
<input type="checkbox"/> Gravity of the misconduct

<input type="checkbox"/> Age, Capacity, Vulnerability Of patient, client, victim
<input type="checkbox"/> Number or frequency of acts

<input type="checkbox"/> Injury caused by misconduct

<input type="checkbox"/> Potential for injury

<input type="checkbox"/> Degree of responsibility for outcome
<input type="checkbox"/> Abuse of trust
<input type="checkbox"/> Intentional or inadvertent act
<input type="checkbox"/> Motivation is criminal, dishonest or for personal gain
<input type="checkbox"/> Length of time since misconduct | 2. Related to License Holder
<input type="checkbox"/> Experience in practice

<input type="checkbox"/> Past disciplinary record (seen above)
<input type="checkbox"/> Previous character

<input type="checkbox"/> Mental, physical health

<input type="checkbox"/> Personal circumstances

<input type="checkbox"/> Personal problems having A nexus with misconduct

<input type="checkbox"/> OTHER _____ | 3. Related to Disciplinary Process
<input type="checkbox"/> Admission of facts

<input type="checkbox"/> Full and free disclosure to Disciplining authority
<input type="checkbox"/> Voluntary restitution or other remedial action
<input type="checkbox"/> Bad faith obstruction of investigation
<input type="checkbox"/> False evidence, statements, or deceptive practices
<input type="checkbox"/> Remorse or awareness conduct was wrong
<input type="checkbox"/> Impact on client, patient, victim | 4. General Factors
<input type="checkbox"/> Knowledge, intent, And responsibility
<input type="checkbox"/> Presence of pattern

<input type="checkbox"/> Present moral fitness

<input type="checkbox"/> Potential for Successful rehabilitation
<input type="checkbox"/> Present competence To practice
<input type="checkbox"/> Dishonest or selfish Motives
<input type="checkbox"/> Illegal conduct
<input type="checkbox"/> Heinousness
<input type="checkbox"/> Illi reput upon Profession
<input type="checkbox"/> Isolated incident |
|--|---|---|--|

Profession: _____ ☐ NOD ☐ SOA/STID ☐ C&D ☐ SOC/AO ☐ SUMMARY

CORE SANCTION(S): (Check applicable sanctions)

- ☐ Compliance with conditions (conditions identified below)
- ☐ Probation with conditions (conditions identified below)
- ☐ Suspension:
- ☐ with no right to petition for reinstatement for _____ (months/years)
- ☐ for indefinite term
- ☐ Revocation:
- ☐ for _____ (months/years) with no right to reapply during that time
- ☐ may petition for reinstatement after _____ (months/years) after providing evidence of meeting conditions indicated below
- ☐ Permanent (If seeking permanent revocation, must prove no ability to rehabilitate)
- ☐ Practice with restriction or limitations indicated below
- ☐ Censure or Reprimand (circle one) (note- Reprimand must be done with an SOC)
- ☐ Payment of fine / cost recovery: \$ _____ within _____ months/years
- ☐ Refund of fees collected from consumer: proof of refund provided within _____ months/years
- ☐ Denial of credential application
- ☐ Grant credential application with conditions indicated below

CONDITIONS:

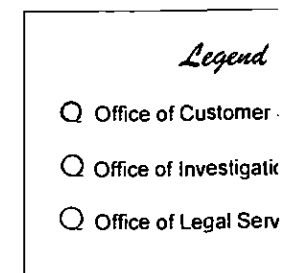
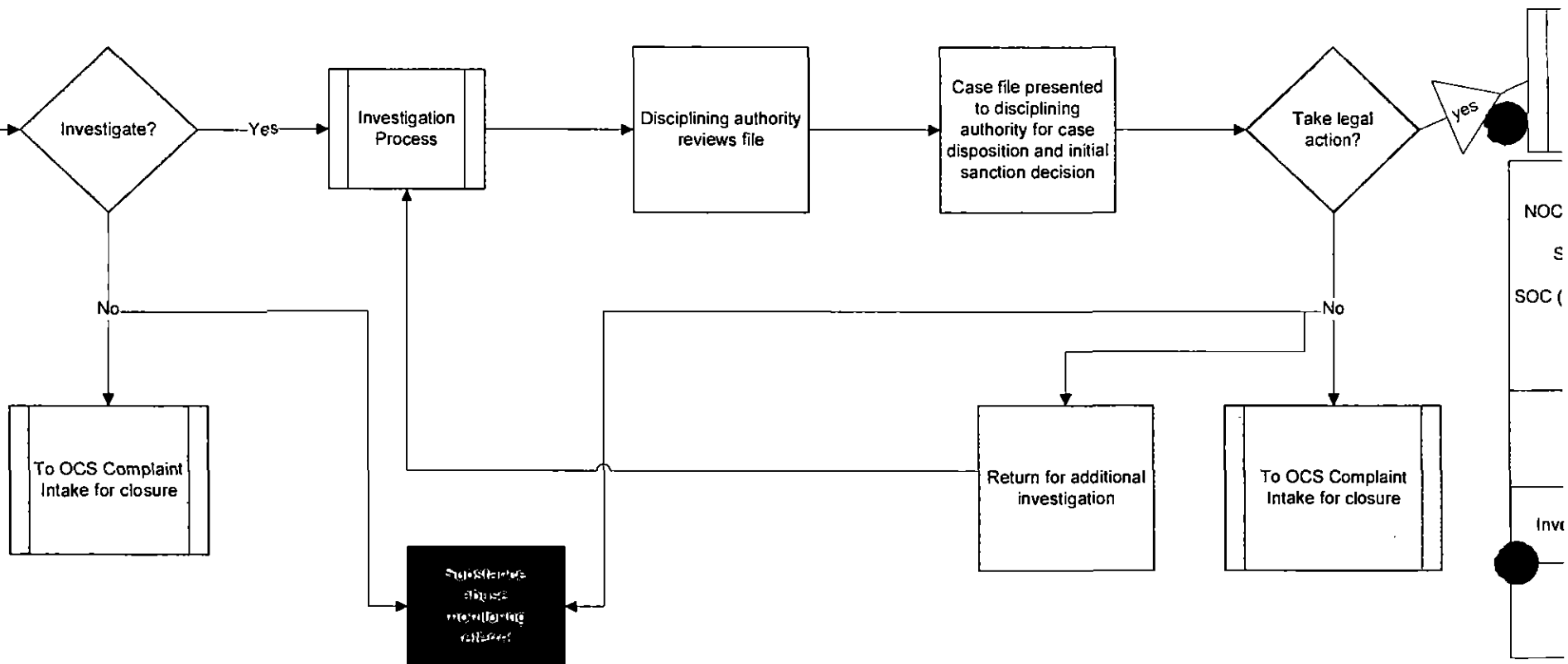
- ☐ Approved supervisor for _____ (months/years)
Requirements for supervisor (e.g. credential or experience): _____
- ☐ Specific practice limitations or restrictions (e.g., no solo practice; limitation on patient population; chaperone) Explain: _____
- ☐ Employment restrictions (e.g. to certain practice settings or facilities)
Explain: _____
- ☐ Reports from respondent/employer/supervisor/health care provider (circle one) for _____ months/years (circle one):
Report frequency _____
- ☐ Evaluation (e.g., substance abuse monitoring, anger management) within _____ months/years Explain: _____
- ☐ Comply with coursework/treatment recommendations
- ☐ Monitoring program (e.g., Washington Health Professional Services (WHPS), Washington Recovery Assistance Program for Pharmacy (WRAPP), Washington Physicians Health Program (WPHP) and comply with contract (sole condition related to substance abuse)
- ☐ Biological fluid testing (do not use if sanction includes monitoring program)
- ☐ Practice review/audits: _____ (number) of audits over _____ months/years
Review/audit is to assess _____
- ☐ Proctoring/Preceptorship for _____ (months/years)
Explain: _____
- ☐ Notification of employer/patient
- ☐ Return credential in association with indefinite suspension or revocation
- ☐ Continuing education -Type and hours _____
(Respondent may not engage in the subject activity until CE is completed, at a minimum)
Deadline for completion _____
- ☐ Skills assessment _____
Deadline for completion _____
Clinical training/refresher course Details: _____
- ☐ Other _____

Completed by: _____ Date: _____

Complaint Response Process

HSQA Practice No. 1-2-02

January 22, 2009



Respondent: _____

Case Number: _____

Date: _____

Board/Commission/Profession: _____ Facility Type: _____

Presented by: _____

Staff present: _____

☐ Conference Call☐ Board/Commission/CMT meeting

Panel members: _____

A. FILE CLOSED:

<input type="checkbox"/> BT- No Jurisdiction	<input type="checkbox"/> BT- No violation at the time the event occurred	<input type="checkbox"/> BT- Advertising that is a technical violation	<input type="checkbox"/> BT- Communication and personality issues
<input type="checkbox"/> BT- Aged or outdated complaints	<input type="checkbox"/> BT- Risk minimal, not likely to reoccur	<input type="checkbox"/> BT- Lack of complaint credibility	<input type="checkbox"/> BT- Complainant withdrew
<input type="checkbox"/> BT- No complainant's or client/patient's name and no allegations of significant harm or potential harm	<input type="checkbox"/> BT- Billing and fee disputes except as designated by disciplining authority	<input type="checkbox"/> BT- Practice on an expired credential for a period of time accepted by the disciplining authority	<input type="checkbox"/> BT - Insufficient information
<input type="checkbox"/> BT- Profession-specific threshold. Explain: _____ a) Violating confidentiality b) Inappropriate delegation to unlicensed person that does not involve invasive procedures or piercing of skin (e.g., RN instructs NA to apply skin cream) c) Failure to supervise resulting in no harm or minor harm to a patient d) Isolated incidents which suggest little or no patient harm, not likely to reoccur	<input type="checkbox"/> BT- Issues which have been otherwise resolved. Explain resolution: _____ _____ _____ _____ _____ (detail corrective action: practitioner is already revoked; ongoing monitoring, etc.)	<input type="checkbox"/> BT- If allegations are true, no violation of law occurred	<input type="checkbox"/> BT- Referral to another program or agency. <input type="checkbox"/> BT- Incident reported by facility

Further explanation (if any): _____

B. INVESTIGATION AUTHORIZED:

Recommended priority: _____

Professions

- ☐ A (risk of immediate danger)
☐ B (serious risk)
☐ C (moderate risk)
☐ D (minor risk)
☐ E (technical violations)

Facilities

- (____ # of days)
 (____ # of days)
 (____ # of days)
 (____ # of days)
 (____ # of days)

C. SEXUAL MISCONDUCT CASES

For Board and Commission cases, panel should refer sexual misconduct cases to the Secretary when the case does not involve clinical expertise or standard of care issues. (Note: any pre-investigation referral should still include a panel authorization for investigation.)

- ☐ Panel finds there are clinical issues, do not refer.
☐ No clinical issues, refer case to Secretary

Notes:Initiate investigation and obtain records, including patient records.

Authorized by Panel Chair/CMgr: _____

Print Name of Panel Chair/CMgr: _____

 per Program Staff (initials) _____ Reviewing Commission Member _____
 (if applicable) (if applicable)

Date investigation authorized: _____

MQAC CASE MANAGEMENT TEAM ASSESSMENT

CMT Wednesday Telephonic Assessment

Respondent: Muller, Bart

Case Number: 2011-162442

Date: <u>12-7-11</u>	Staff Attorney: <u>Caille</u>	Clerk:
Panel Chair: <u>Brantner</u>	Andison, <u>Brantner</u> , Burger, Clower, Concannon, Cullen, Elders, Green, Johnson, Pattison, <u>Winslow</u> , Cvitanovic, Dore, <u>Gottlieb</u> , <u>Harper</u> , Harvey, Hensley, Hopkins, Marsh, Ruiz, Sen	
Management:	Jansen, <u>Dr. Heye</u> , <u>Smith</u> , <u>Newman</u> , Creighton, McEachron,	
Staff Attorneys:	Farrell, Berg, Caille, McLaughlin, Landreau, Mager	

A. FILE CLOSED PRIOR INVESTIGATION (BEFORE)

<input type="checkbox"/> BT1 - Advertising that is a technical violation	<input checked="" type="checkbox"/> BT7 - Insufficient information	<input type="checkbox"/> BT12 - Profession-Specific Threshold Explain: _____ a) Violating confidentiality b) Inappropriate delegation to unlicensed person that does not involve invasive procedures or piercing of skin (e.g., RN instructs NA to apply skin cream) c) Failure to supervise resulting in no harm or minor harm to a patient d) Isolated incidents which suggest little or no patient harm, not likely to reoccur
<input type="checkbox"/> BT2 - Aged or outdated complaints	<input type="checkbox"/> BT8 - Issues which have been otherwise resolved. Explain resolution: _____ (Detail corrective action: practitioner is already revoked; ongoing monitoring, etc.)	<input type="checkbox"/> BT13 - Referral to another program or agency
<input type="checkbox"/> BT3 - Billing and fee disputes except as designated by disciplining authority	<input type="checkbox"/> BT9 - Lack of complaint credibility	<input type="checkbox"/> BT14 - Risk minimal, not likely to reoccur
<input type="checkbox"/> BT4 - Communication and personality issues	<input type="checkbox"/> BT10 - No Jurisdiction	<input type="checkbox"/> BT15 - Time practice on an expired credential for a period of time accepted by the disciplining authority
<input type="checkbox"/> BT5 - Complainant withdrew	<input type="checkbox"/> BT11 - No violation at the time the event occurred	<input type="checkbox"/> BT16 - Unidentified complainant, client or patient name and no allegations of significant harm or potential harm
<input type="checkbox"/> BT6 - If allegations are true, no violation of law occurred	<input type="checkbox"/> BT 17 - Unique closure (panel must explain)	

Further Explanation (if any):

B. SCOPE OF INVESTIGATION AUTHORIZED: ☐ Entire complaint ☐ Limit ☐ Focus ☐ Expanded

Notes: _____

C. PRIORITY ☐ A (risk of immediate danger) ☐ B (serious risk) ☐ C (moderate risk) ☐ D (minor risk) ☐ E (technical violations)

D. CLOSED AFTER INVESTIGATION

<input type="checkbox"/> Application investigation only - Panel decides to grant without conditions	
<input type="checkbox"/> A1-Care rendered was within standard of care <input type="checkbox"/> A2-Complainant withdrew- <input type="checkbox"/> A3- Unique closure (panel must explain) <input type="checkbox"/> A5- Evidence does not support a violation	<input type="checkbox"/> A7-Mistaken identity <input type="checkbox"/> A8-No Jurisdiction <input type="checkbox"/> A11-No Whistleblower <input type="checkbox"/> A12-Risk minimal, not likely to reoccur
Further Explanation:	

E. SEXUAL MISCONDUCT CASE RCW 18.130.062

<input type="checkbox"/> Authorized Investigation yes / no	<input type="checkbox"/> Set as Priority A yes/ no
<input type="checkbox"/> Retain by MQAC, clinical or standard of care issues, do not refer	<input type="checkbox"/> Refer case to Secretary for non clinical issues

GUIDE FOR CLOSURE CODES

September 2011

Code	Closure	Description
	Application	Decision to grant an unrestricted license.
A-1	Care rendered was within standard of care	The evidence establishes that the respondent met or exceeded the standard of care.
A-2	Complainant withdrew complaint	The complainant withdrew the complaint, and the complainant's testimony is necessary to meet the burden of proof.
A-3	Unique closure (Panel must explain)	Any concerns regarding Respondent have been resolved through corrective action, license revocation, and suspension, death of respondent or other circumstances. <ul style="list-style-type: none"> (explain): _____ _____ _____
A-5	Evidence does not support a violation	<ul style="list-style-type: none"> The evidence is not sufficient to establish by clear, cogent, and convincing evidence that Respondent violated any UDA provision. This includes situations in which the investigator was unable to obtain all material evidence.
A-7	Mistaken Identity	The case opened under the wrong respondent's name.
A-8	No Jurisdiction	Respondent is not licensed in Washington, has never been licensed in Washington, and is not applying for a license in Washington.
A-11	No Whistleblower Release	Complainant would not sign a whistleblower release AND the release of complainant's identity is necessary to prove a UDA violation.
A-12	Risk Minimal- Not likely to Reoccur	There is sufficient evidence that Respondent violated the UDA, but the evidence indicates that: (a) the violation is not likely to reoccur and (b) closure poses no more than a minimal risk to the public.

zdan guideclosurecode revised mlf 0914-2011

MQAC REVIEW
Case Number: 2011-162442

Date: November 30, 2011
Presented by: George Heye, MD

Respondent:	MULLER, BART, MD	King County
--------------------	-------------------------	--------------------

Complainant:	Ms. Saskia Valentine
---------------------	-----------------------------

CASE SUMMARY

The Respondent:

Board Certified:	PSYCHIATRY AND NEUROLOGY	Certificate: Psychiatry
DOB:	04-30-1943	
Licensed since:	08-03-1971	
Expiration date:	04-30-2013	
Medical School:	1967—U of Amsterdam; Amsterdam, Netherlands	
Residency:	07/1972-01/1975—U of WA Med Ctr; WA— PSYCHIATRY	

The Complainant: A concerned citizen

Malpractice Settlement:

The Complaint: The complainant writes that she received a cryptic threatening email from the respondent. When she replied asking what business he had with her he did not respond. The patient feels that respondent may be involved somehow with an on-line business that has been harassing her for her political views.

RCM Review

Prior Cases:

1995-07-0050MD – Specific details unavailable due to case age.
Closed NCFA.

2001-05-0053MD -- A Former Patient files this complaint asserting that the Respondent entered into a romantic relationship with her while he was treating her. He also smoked marijuana with her and took LSD together. There was also another Patient who lived with them during this time (75-85). The Patient has been in recovery for several years now and is employed and doing better. She works with a GHC counselor. She is willing to come forward.
Closed CNAE.

2006-01-0030MD -- A patient seems to be complaining about a diagnosis rendered by the respondent.
Closed Below Threshold (not investigated).

07-03-0032MD – The complainant sends a copy of a letter addressed to the president of a medical center. The complainant was dis-enrolled from the center's clinics a year ago for being

abusive and threatening to a number of staff. He is just now sending a letter disputing that and complaining that several of the staff doctors do not understand black people or are just prejudiced against them. He wants an apology and also wants certain untrue entries deleted from his medical record.

Closed NCFA.

Recommendation:

Medical Quality Assurance Commission
CMT
Review of Cases

CMT Date/

Panel Members/

Decision:

MQAC CMT - DECEMBER 7, 2011

Bill Gotthold, MD

Richard Brantner, Chair, MD

Ellen Harder, PA-C

Mimi Winslow, JD, Public Member

DECISION: CLOSED PRIOR TO INVESTIGATION

Case No.:

2011-162442

The attached pages were reviewed:

009-094

MQAC REVIEW
Case Number: 2011-162442

Date: November 30, 2011
Presented by: George Heye, MD

Respondent:	MULLER, BART, MD	King County
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Complainant:	Ms. Saskia Valentine
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abusive and threatening to a number of staff. He is just now sending a letter disputing that and complaining that several of the staff doctors do not understand black people or are just prejudiced against them. He wants an apology and also wants certain untrue entries deleted from his medical record.

Closed NCFA.

Recommendation:

Hamilton, Cindy (DOH)

From: DOH OS MQAC
Sent: Tuesday, November 29, 2011 8:30 AM
To: Hamilton, Cindy (DOH)
Subject: FW: Complaint against Bart Muller, MD00012004

For you,

Dawn Thompson

Dawn Thompson, Credentialing Specialist
Medical Quality Assurance Commission
Washington State Department of Health
PO Box 47866, Olympia WA 98504-7866
Email: dawn.thompson@doh.wa.gov
phone 360-236-2765
fax 360-236-2795
Web address: www.doh.wa.gov/hsqa/mqac

"Promoting Patient Safety and Enhancing the Integrity of the Profession through licencing, discipline, rule-making, and education."

From: Saskia [mailto:keepingsweetinseattle@gmail.com]
Sent: Tuesday, November 29, 2011 1:04 AM
To: DOH OS MQAC
Subject: Complaint against Bart Muller, MD00012004

Medical Quality Assurance Commission
P.O. BOX 1099
Olympia WA 98507-1099
Email: Medical.Commission@doh.wa.gov
Phone: 360.236.2750
Fax: 360.236.2795

Re: Complaint against Bart Muller, MD00012004

Dear Commissioners:

While traveling on the East Coast, I received a cryptic threatening email from a Bart Muller MD. I demanded that he fully identify himself, explain what business he had with me and confirm if his email was an a threat. He did not respond. He also called me by a name only my family uses. His email links to the website of a psychiatrist in Seattle. I am not connected to him other than being the target of harassment by Media Logic. Bart Muller resembles Don Sytsma at Media Logic and may be a close relative, both men are from the Netherlands.

Harassing me for voicing political views or reporting abuses is a violation of my First Amendment rights. Using professional authority to intimidate is a crime.



----- Original Message -----

Subject: Difficulties

Date: Tue, 9 Aug 2011 18:38:56 -0700 (PDT)

From: Bart Muller <muller_bart@yahoo.com>

Reply-To: Bart Muller <muller_bart@yahoo.com>

To: keepingsweetinseattle@gmail.com

<keepingsweetinseattle@gmail.com>

Hi "Saskia" (Susan)

It's time to go home now.

-----end of message -----

Bart Muller, MD (Dutch)

CABRINI TOWER STE 1020, 901 BOREN AVE, SEATTLE, WA,
98104-3595

phone 206 624-3311

<http://www.bartmullermd.com/about.html>

<http://www.seattlemet.com/issues/archives/articles/0810-top-doctors-2010/25/>

Year of Birth: 1948

Medical degree from Univ. of Amsterdam 1967 (*at age 19*) ??

Immigrated from the Netherlands in 1971 (*at age 23*)

Psychiatric training at the University of Washington 1975 (*at age 27*)

medical license number: MD00012004 (Recertified 2008)

Business Lic UBI: 602839712 (first issued 2008 at age 60) ??

Donald Sytsma (Dutch)

Director and Strategic Planner

Media Logic, Inc (aka Media Logic in Seattle)
1420 Fifth Avenue - Suite 2200, Seattle, WA 98101
Telephone: 206-243-1000, FAX: 206-575-0168
<http://medialogic.com/about>
http://medialogic.com/Leadership.asp#Donald_Sytsma
<http://ethix.org/tag/don-sytsma>
Year of Birth 1941?
Business Lic UBI: 601391652 (first issued 2007)
Immigrated from the Netherlands in 1948

The stick: Media Logic, Inc. (aka Media Logic in Seattle), describes itself as a 'for profit' social venture company and threatens businesses with continuous litigation and a deteriorating public image if they fail to address race issues. They use technology to snoop exploit, harass and entrap. I'm not a company and have never been in a supervisory position, have not harassed anyone at work or caused anyone to be fired. I do however support immigration controls and report abuses.

They were discovered to be the source of the harassment after their recruiting manager, Charleen Day, attempted to entrap me on a Right-to-Represent agreement with an East Indian recruiter in September 2010. I've since found that most of the people I've identified have connections to Media Logic.

When I attempted to contact Donald Sytsma in August 2011, my call was forwarded to a woman claiming to be Charleen, who then filed a restraining order against me for harassing calls. As of June 2011, her LinkedIn profile showed her as an ex-employee of Media Logic so there was no reason for me to expect Charleen to be answering the corporate phone. <http://www.linkedin.com/pub/charleen-day/25/365/130>

They claim minority status for being owned by a Hispanic female but they appear to be a sister company of Media Logic in Albany with shared leadership and family. (no image of found of founder Kathy Hobbs.)

The carrot: Media Logic, Inc (aka Media Logic in Albany): Founded in 1984. A 'progressive' marketing firm that creates its own reality.
<http://mlinc.com/people>



David Schultz

Founder & President

Department of Defense contracts for Media Logic in Seattle

<u>Amount</u>	<u>Parent Company</u> <u>Name</u>	<u>Major Agency</u>	<u>Product or Service</u>	<u>Dz</u>
<u>148,035</u>	MEDIA LOGIC, INC	Dept. of Defense	Automatic data processing and telecom. services	20
<u>165,005</u>	MEDIA LOGIC, INC	Dept. of Defense	Automatic data processing and telecom. services	20

Please feel free to contact me with any questions.

Saskia Valentine
9073 Pine Mission Ave
Las Vegas, NV 89143
(206) 856-1778

Note: I moved from WA to NV in November 2011

Case View Screen [update]



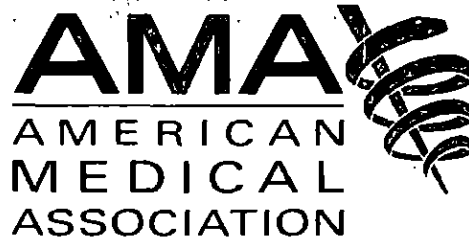
Case Status	2011-162442 (PUBLIC: Internal) Intake	Date Created Date Received How Received Receiving Board Receiving Profession Receiving Department Received By Alleged Issues Case Nature	11/30/2011 11/29/2011 Email COMMISSION Physician And Surgeon License Case Intake Cynthia R Hamilton Violation of Federal or State Statutes, Regulations or Rules Violation of regulations or rules	Audit Entry Items Documents Notes Master Cases Participants Add Master Case Timeline History
Respondent ID Respondent Credential Address	297596 BART MULLER MD.MD.00012004 Public <input checked="" type="radio"/> Mail BART MULLER 901 Boren Ave Ste 1020 Seattle, WA 98104-3508			
Complainant ID Complainant	1013810 Saskia Valentine			

Comments:

- Action Items
- Resolution
- Participants
- Priority History
- HIPDB Reports
- TimeTracker

Action Items [add] [add group]

Type	Assigned To	Activity	Track Time	Due Effective	Completed	Order Signed	Created ▼	User
Intake	Case Intake, Hamilton, Cynthia R		[add]	11/30/2011	11/30/2011		11/30/2011	Hamilton, Cynthia R
Target: BART MULLER								
Warning: Warning Type: CASE PENDING								
Warning Effective Date: 11/30/2011								
Suppress License Print: NO								
Warning: 2011-162442								
Case Status: Status Changed To: Intake								
Action Info: Complaint Source Concerned Citizen								
Possible Imminent Danger? No								
Single Complaint Process Coordination Needed? No								



AMA Physician Profile

Name and Mailing Address:

BART MULLER MD
1020 CARBINI TOWER
901 BOREN AVE
SEATTLE WA 98104-3595

Primary Office Address:

SAME AS MAILING ADDRESS

Phone: 1-206-624-3311

Birthdate: 04/30/1943

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician*:

Primary Specialty: PSYCHIATRY

Secondary Specialty: UNSPECIFIED

*Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.

AMA membership: NON MEMBER

_____ All Information from this Point Forward is Provided by the Primary Source _____

Current and/or Historical Medical School:

UNIV VAN AMSTERDAM, FAC DER GENEESKUNDE, AMSTERDAM, NETHERLANDS

Degree Awarded: Yes

Degree Year: 1967



AMA Physician Profile

Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.

Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.

Sponsoring Institution: UNIV WA MED CTR
Sponsoring State: WASHINGTON
Specialty: PSYCHIATRY
Dates: 07/1972 - 01/1975 (VERIFIED)

Note: If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
NEW MEXICO	MD	05/07/2004	07/01/2006	INACTIVE	UNLIMITED	11/01/2011
ARIZONA	MD	04/30/1975	01/01/1900	INACTIVE	UNLIMITED	11/08/2011
WASHINGTON	MD	08/03/1971	04/30/2013	ACTIVE	UNLIMITED	11/01/2011

Current and/or Historical NPI Information:

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1104815885	10/17/2005	NOT RPTD	NOT RPTD	NOT RPTD	10/28/2011



AMA Physician Profile

ECFMG Certification:

Applicant Number: 00991448

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

Federal Drug Enforcement Administration:

** Only the last three characters of active DEA number(s) are displayed.*

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
XXXXXX518	22N 33N 4 5	01/31/2012	11/07/2011

Address: 1020 Cabrini Tower, Ste 1200, 901 Boren Ave, Seattle, WA 98104-3305

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

Specialty Board Certification(s)*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

Certifying Board: AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

Certificate: PSYCHIATRY

Certificate Type: GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	03/10/2008	12/31/2018	RE-CERT	11/03/2011
TIME LIMITED	11/21/1998	12/31/2008	INITIAL(**)	11/03/2011

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2011 American Board of Medical Specialties. All right reserved.



AMA Physician Profile

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60654
800- 665-2882
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.

Credential View Screen

BART MULLER

Address:

☐ Public ☒ Mail

BART MULLER
901 Boren Ave Ste 1020
Seattle, WA 98104-3508

ID 297596
Warnings
SSN/FEIN 2 - DOH Licen...
Contact Standing Living
Contact Type INDIVIDUAL
Birth Date 04/30/1943
Public File YES
Mailing List
US Citizen
Legacy Licensure Name MULLER, BART

4
07-03-0032
NCFA
Contact
Audit
Enforcement View
Cont. Edu
Documents
Owned By/Key Mgmt
Exams
Experience
Notes
Schools
Librarian
Other State License
Online Information

Comments: 032707 LIC RTND CK -060707 LIC RESENT TE~

Physician And Surgeon License [form letter]

Credential # MD.MD.00012004
Legacy License # MD00012004
Application Date
Effective Date 03/08/2011
Expiration Date 04/30/2013
First Issuance Date 08/03/1971
Last Date Of Contact
CE Due Date 04/30/2013

Credential Status ACTIVE (03/09/2011)
Status Reason ACTIVE
Amount Due \$0.00
Date Last Activity 3/9/2011 1:43:38 PM
Last Updated by Stewart, Kevin
Certificate Sent Date 03/09/2011

Audit
Documents
Verification
Workflow
Key Mgmt
Fees
Notes
Print Docs
Comp. Audit
Renewal
Legacy
License Status History

Comments: 032707 LIC RTND CK -060707 LIC RESENT TE~

- Supervises
- User Defined License Data
- Workflow
- Legacy

Supervises [update] [Show All]

No active Supervises Data.

Legacy Complaint History
Legacy Contact Information
Legacy Credential History
Legacy Renewal Information
Legacy Revenue History
Legacy-Ontrack-Complainant

2011-162442

Complainant View for 2011-162442 [back]

Saskia Valentine

[change address]

☐ Public ☒ Mail

Saskia Valentine
9073 Pine Mission Ave
Las Vegas, NV 89143-1178

ID 1013810
Contact Standing Living
Phone # (206) 856-1778
Email keepingsweetinseattle@gmail.com
SSN/FEIN
Public File YES
Mailing List
Contact Type ENFORCEMENT ENTRY

Email: keepingsweetinseattle@gmail.com

Comments:

- Credentials
- Personal Information

Credential	Sub	License Type	License Issue	Expiration Date	Status	Reason
------------	-----	--------------	---------------	-----------------	--------	--------

No Credentials on File

Personal Information [update]

Field	Value
Birth Date	
Birth City	
Birth State	
Birth Country	
Gender	F
Height	
Weight	
Eye Color	
Hair Color	
Race	
Deceased Date	

[Return to Case](#)[Update Contact](#)[Change Contact](#)

Keeping Sweet in Seattle Whose shit list are you on? Spyera.com/products

- [Previous Chapter](#)
- [Next Chapter](#)

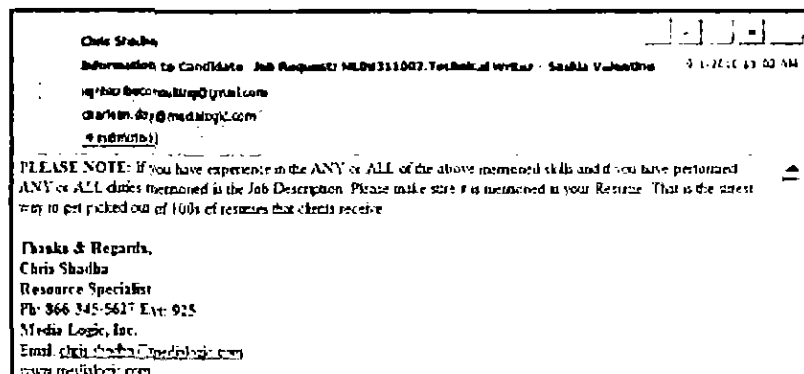
Fair game harassment

- [Chap 1 Introduction](#)
 - [Funding outline](#)
 - [Murder on the diversity express](#)
 - [Supporting documents](#)
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- [Sacrificing women: Part III](#)

Chapter 3

The MeteorComm pretext

by [keepingsweets](#) on December 15, 2011 in [Uncategorized](#) and tagged [American Stasi](#), [covert harassment](#), [entrapment](#), [Group stalking](#), [harassment of immigration control supporters](#), [Media Logic sucks](#), [pro immigration control](#), [recruiter pretexting](#), [social justice fraud](#)



Chris Shadha email cc'd Charleen Day

Follow

Social engineering pretexting is an investigative tool used in the human resources and recruiting to confirm allegations against an employee of bias or wrong doing. Social activists are exploiting the human resources industry to gain access to employees and contractors for the purpose of harassment and entrapment.

In September of 2010, I gave Chris Shadha, an East Indian recruiter with Media Logic in Seattle the exclusive Right-to-Represent me for job No. ML08311002 with MeteorComm. Soon after, Kaitlin Johnson, a blond recruiter from Summit Group Solutions called about the same contract. When asked by another recruiter what contracts I'd been submitted for she tells me that the MeteorComm job had been closed for a while. My research into Media Logic exposes a network of well-connected social activists exploiting the human resources, academic research programs and DHS credentials to target people in support of immigration controls.

MeteorComm was co-founded by Media Logic's Strategic Planner, Donald Sytsma. "a global, wireless telecommunications company that provides [...] services around the world [...] serving a diverse customer base to track [and] monitor [...] including vehicles, locomotives, marine vessels [and] aircraft."

Kaitlin Johnson turns out to be an accountant and not a recruiter.

Chris Shadha's number rang to an electronic device and searches returned hits for Casino reservations and online gambling. He emails that I wasn't selected because I lacked 10 years experience although the job order required only 5-7.

Charleen Day, a recruiting manager cc'd on Shadha's email, produced search results of a Canadian business owner of Healthy Soul-utions. In June 2011, the soft-spoken Day confirmed both profiles were hers. Soon after I blogged about the MeteorComm pretext and posted a copy of Shadha's email, her LinkedIn profile showed her as a 'past' employee. So in August of 2011 when I called to speak with Sytsma and a brusque New Yorker identifying herself as Day answered, I was surprised and perplexed, that is until I was later served with a *restraining order for telephone harassment*. Was my call forwarded to Media Logic in Albany?

Media Logic in Seattle's About web page describes a 'for profit' social venture company that threatens business who fail to address race issues with 'continuous litigation' and a 'deteriorating public image' and a vision to spread this model globally. ***They are not a law firm so how do they do this?*** Their service is the IT design and development, data storage and security systems and training people to administer them. Their long client list covers the public and private sectors. Sister company, Media Logic in Albany, is a television commercial marketing company creating its own cybernetics utopia.

The US is the most racially diverse country on the planet and the third most populous. If we shut the borders our competitive creativity would surely not be at risk from inbreeding. The risk comes from a population that is overwhelmed and too disaffected to invest properly education and infrastructure.

Is racial politics a facade for interests whose primarily goal is keeping borders around the world open at any cost and using access and technology to snoop and harass, thwart and entrap those who support immigration controls?

Follow

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☐ Notify me of new posts via email.

Post Comment

December 2011

Follow

McEachron, Melissa M (DOH)

From: McEachron, Melissa M (DOH)
Sent: Friday, December 16, 2011 4:46 PM
To: 'keepingsweetinseattle@gmail.com'
Subject: Information on Complaint Response
Attachments: 1-2-02_ComplaintResponse.pdf

Ms. Valentine,

I wanted to follow-up with you regarding our conversation earlier this week. As promised, I'm sending (attached) the agency policy the Medical Quality Assurance Commission uses to evaluate complaints. The policy outlines the situations in which the Medical Commission believes it is mandatory to conduct an investigation. In all other situations, an investigation is optional.

If you have further questions about the policy or the request for reconsideration process, please call or email me.

Thank you,

Melissa McEachron
Program Administrator
Medical Quality Assurance Commission
360.236.2758
melissa.mceachron@doh.wa.gov

Public Health - Always Working for a Safer and Healthier Washington

McEachron, Melissa M (DOH)

From: Saskia [keepingsweetinseattle@gmail.com]
Sent: Tuesday, December 20, 2011 1:43 PM
To: McEachron, Melissa M (DOH)
Subject: Case No.: 2011-162442MD, MD 00012004 - request for reconsideration

Follow Up Flag: Follow up
Flag Status: Flagged

Re: Bart Muller, MD

Case No.: 2011-162442MD, MD 00012004

Dear Ms. McEachron,

I would like to request reconsideration of my complaint. Please allow me to try to clarify my complaint:

Bart Muller has engaged in unprofessional conduct that falls within the scope of RCW 18.130.180

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action.

I do not have a patient-doctor relationship with Bart Muller and have never met him. I was surprised to get any email communication from him at all. He did not respond to my request to fully identify himself, state his business with me or clarify if his email was intended as a threat.

1. By referring to "Difficulties" and invoking a name that only my family members use (Susan) he implies that he knows me personally.
2. His directive language, "It's time for you to go home." implies that he has authority over me.
3. His statement, "It's time for you to go home." implies that he knows I'm traveling away from home (I was in Salem, Massachusetts at the time I received his email.
4. His email is sent to an address, keepingsweetinseattle@gmail.com, that I use only for dealing with harassment issues. For regular personal email, I use dutchskyblue@yahoo.com and for professional email I use saskia.techwriter@gmail.com. The phrase, "keeping sweet in Seattle" is intended to point out the irony of liberal groups attempting to socially control people with opposing viewpoints.

Although he does not specifically state that he is my doctor, when I've attempted to report him for cyber-stalking, law-enforcement infers from the tone of his email that he is my doctor and will not take a report. This prevents me from reporting a crime and also prevents me from filing a restraining order to protect myself from him representing himself as my doctor. When I've pushed to get reports taken the police department contacted King County Public Health who sent social workers to my door.

Without proof that Bart Muller is not my doctor I'm also not able to get a civil rights attorney to help me because they too infer from the tone of his email that he is my doctor. The King County Bar Association even offered to return my money rather than refer me to an attorney.

Because Bart Muller is believed to be connected to Media Logic the potential threat to me is very real. Media Logic uses race and social justice as a facade for targeting people who support immigration controls. Their stated motive is to ruin people (see medialogic.com/about). This company has been involved in harassment and attempts to entrap me on bias which would put me at risk for being sued. They have also fraudulently accused

me of making harassing phone calls and filed a restraining order against me. Because of Bart Muller's email I was not able to get a Civil Rights attorney to help me. Because of Bart Muller's email, I was afraid to appear in court alone in what should have been an easy case to fight because I have email and phone evidence to defend myself with. (see <http://keepingsweetinseattle.wordpress.com/2011/12/15/the-meteorcomm-pretext/>).

Doctors like Bart Muller play a key roll in protecting organizations like Media Logic from being prosecuted for violating the First Amendment rights of American citizens.

Sincerely,

Saskia Valentine
9073 Pine Mission Ave
Las Vegas, NV 89143
206-856-1778

Smith, James H (DOH)

From: Smith, James H (DOH)
Sent: Wednesday, February 08, 2012 3:58 PM
To: 'keepingsweetinseattle@gmail.com'
Subject: FW: Attn: Chief Investigator Jim Smith, regarding Case file 2011-162442MD

Ms. Valentine:

Several points were made during our February 3, 2012 conversation.

- The Commission reviewed your entire complaint both on the initial review and during the reconsideration. Their decision is final. Staff does not participate nor do they have any authority to change the decision.
- Neither the Commission nor the State can provide you with investigative services or an attorney to answer your questions.
- The law, RCW 18.130, does not address your issue.
- This will be our final response. Any additional communication from you concerning case # 111-162442MD will be placed in the file.

Thank you,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission

From: DOH OS MQAC
Sent: Friday, February 03, 2012 4:39 PM
To: Smith, James H (DOH)
Subject: FW: Attn: Chief Investigator Jim Smith, regarding Case file 2011-162442MD

Joe Mihelich
Customer Service Specialist II
Medical Quality Assurance Commission
PO BOX 47866
Olympia WA 98504
360-236-2771
360-236-2795 Fax
Website: www.doh.wa.gov/hsga/mqac
Email: joe.mihelich@doh.wa.gov

From: Saskia [<mailto:keepingsweetinseattle@gmail.com>]
Sent: Friday, February 03, 2012 4:37 PM
To: DOH OS MQAC
Subject: Attn: Chief Investigator Jim Smith, regarding Case file 2011-162442MD

Dear Chief Investigator Jim Smith,

Thank you for contacting me today regarding Dr Bart Muller. I would like to confirm the gist of our telephone conversation:

According to you, there are no laws preventing Dr Muller , a psychiatrist and neurologist, from portraying himself as my doctor.

Furthermore, it is not a concern of the Washington State Quality Assurance Commission (Medial Board) that: The commission is not concerned that Dr Muller may possibly be abusing his authority by causing police not to take seriously or investigate complaints against Media Logic harassing me or against himself for cyber-stalking. In their own words, Media Logic's mission statement to harass:

"The 'Next Wave' of technologists
benefits corporations that realize
diversity issues in the workplace must be resolved
or
face continued litigations and
deteriorating public image"

– Media Logic

The commission is not concerned that Dr Muller may possibly be abusing his authority by causing Public Health workers to document against me and use their authority to intimidate me from against filing police reports or attempting to contact higher level managers.

The commission's view is that this it is not their job to do what they view is personal investigative work for me and that I need to hire an attorney to investigate if Dr Muller is portraying himself as my doctor.

Additional information for your consideration:

Bart Muller may be abusing his authority by presenting himself as my doctor for the purpose of facilitating harassment by Media Logic who claims both the State of Washington and King County are clients. Besides harassing because of my support for immigration reform, the harassment may also in part be in retaliation for complaints I've filed:

- 2011 with both **WA State Department of Licensing** and **King County Records Office** in 2011 regarding abusive black employees. The DOL called to thank me and apologized saying the employee would receive extra training. The County only notified me that they were forwarded my complaint to HR. Attempts to follow up with the Country were not responded to.
- 2007 with the **Seattle Civil Rights Commission** regarding the presence of transgender men in woman's facilities and their harassment of women causing them to be thrown out. The commission rewrote my complaint to hide his gender and then dismissed it. In doing so they hid the true nature of my complaint and caused data on women to be skewed which is used by public policy makers.



Right: Kimberly Anne Thiesen.

For the record, my controversial views:

My views are not intended to mean-spirited nor are they based on religiosity. They are based on my own life experience, what I see happening in the world around me and my education as an anthropologist in behavioral evolution.

I'm genuinely concerned that because liberals who dominate the behavioral sciences have been so successful in fomenting taboos against talking about race and gender issues, that even researchers are afraid to ask the 'wrong questions' or come to the 'wrong conclusions'. If so, then their research is not sound. Until American can regain their free speech on these issue then pushing through gay friendly legislation, like Seattle's asinine ordinance requiring people to use contrary gender pronouns even with men for whom this is a source of sexual gratification thus forcing women to participate in their own abuse.

I'm genuinely concerned about immigration reform and I feel that it is not about begrndging anyone their fruit-picking job but about the displacement of American citizens from schools, jobs and neighborhoods and the price families like mine have had to pay for it.

Furthermore, if conservatives have a better track record in producing productive and happy citizens, why are liberals running that show? Like liberals, I too believe change is necessary. But the change that needs to be made is re-balancing the highly skewed culture of Behavioral Sciences that influence public policy and expose and the use of social justice monitoring programs as harassment schemes to suppress first Amendment Rights.

Sincerely,

Saskia Valentine
9073 Pine Mission Avenue
Las Vegas, NV 89143
206-856-1778

MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS

Date: February 3, 2012

To: File

From: James H. Smith, Chief Investigator
Medical Quality Assurance Commission

RE: Muller, Bart, MD
11-162442MD

Maryella Jansen received a phone call from Ms. Valentine concerning the below threshold closure of her complaint. Ms. Valentine states that Dr. Muller was presenting himself as her doctor. She wants to find out how this is happening and determine if it is true. She wants to know what she can do. Her # is 206-856-1778.

1:35 p.m. TC to Ms. Valentine. I identified myself and advised her that that I was returning the call made to Ms. Jansen, I advised her that neither Ms. Jansen nor I have the authority to change the Commission's decision and that the Commission's decision is final. Ms. Valentine states that her received public disclosure and that her complaint was misrepresented to the Commission. She was advised several times that her complaint as she wrote it was reviewed in total by the Commission. Ms. Valentine stated that she wants someone to find out if or why Dr. Muller is representing himself as her doctor. I advised that the Commission cannot provide her with an investigator or attorney to investigate and answer her questions. She asked if it is a violation of the law for Dr. Muller to say he is her physician when he is not. I advised her several times that the law does not address that issue.

Finally, I affirmed to Ms. Valentine that the Commission's decision was final; that the Commission would not provide her with an investigator to answer her questions and that this would be the last communication with her over this complaint.

Smith, James H (DOH)

From: Jansen, Maryella (DOH)
Sent: Wednesday, February 01, 2012 3:45 PM
To: Smith, James H (DOH)
Subject: FW: Saskia Valentine will be calling you
Attachments: Re: Case No.: 2011-162442MD, MD 00012004 - request for reconsideration - clarification;
Fwd: RE: Case No.: 2011-162442MD, MD 00012004 - you missed something

Importance: High

I would like to talk with you about this issue and ask for your sage advice later today or tomorrow morning.

Maryella

From: McEachron, Melissa M (DOH)
Sent: Wednesday, February 01, 2012 3:40 PM
To: Jansen, Maryella (DOH)
Subject: FW: Saskia Valentine will be calling you
Importance: High

Email messages attached

From: McEachron, Melissa M (DOH)
Sent: Wednesday, February 01, 2012 3:04 PM
To: Jansen, Maryella (DOH)
Subject: Saskia Valentine will be calling you
Importance: High

Hi Maryella,


I wanted to give you a head's-up. Ms. Valentine is likely to call you soon. She is very disappointed with the Medical Commission's decision to keep her case closed. I spoke with her on the phone today for approximately 25-30 minutes. She is not satisfied with my descriptions and explanations and stated she will be calling you.

Melissa McEachron
Program Administrator
Medical Quality Assurance Commission
360.236.2758
melissa.mceachron@doh.wa.gov

Public Health - Always Working for a Safer and Healthier Washington

2/12/2012
Call from Sasha Valentine transferred
from the main line. [No calls on my
phone 1/30; 1/31; 01/2 am] I said I received your
email messages from last week. I was not in the
office on Friday 1/27/12. Ms Valentine asked why the
Commission would not investigate and why can't we force
this psychiatrist to "come clean" about pretending to be
her doctor. She said the field of psychiatry that can
do this to someone is out of sync w/ other fields.
I reiterated the Commission's decision and that no
further action would be taken - the case remains closed.
Ms Valentine asked if there is any other agency she could
talk to about her concerns. I suggested she explore whether
the Consumer Protection Division of the AG's office looks at
these things. I looked up the AG's webpage & contact info
for her. She also stated she put in a request with the PA's
public records center and hasn't heard anything back. I
said she would need to contact the PRC directly and give
her the contact information. She stated that
something doesn't seem kosher at the Commission, that
there is a dereliction of duties and she would talk
to Maryellen Jansen about all of this.

Case View Screen [update]

Case Status	2011-162442 (PUBLIC: Internal) CLOSED	Date Created	11/30/2011	 Audit Entry Items Documents Notes Master Ca: Participan Add Maste Timeline f
Respondent ID	297596	Date Received	11/29/2011	
Respondent	BART MULLER	How Received	Email	
Credential	MD.MD.00012004	Receiving Board	COMMISSION	
Address	<input type="radio"/> Public <input checked="" type="radio"/> Mail <div style="border: 1px solid black; padding: 2px;"> BART MULLER 901 Boren Ave Ste 1020 Seattle, WA 98104-3508 </div>	Receiving Profession	Physician And Surgeon License	
Complainant ID	1013810	Receiving Department	Case Intake	
Complainant	Saskia Valentine	Received By	Cynthia R Hamilton	
Comments:		Alleged Issues	Violation of Federal or State Statutes, Regulations or Rules	
		Case Nature	Violation of regulations or rules	

- Resolution
- Action Items
- Participants
- Priority History
- HIPDB Reports
- TimeTracker





Resolution [update]

Field	Value	Field	Value
Department:	Case Management	Found Issues:	
Worker:	Vicki I Creighton	Resolution:	• BT - Insufficient Information


Date Closed: 12/07/2011

Resolution Notes:

Action Items [add] [add group]

Type	Assigned To	Activity	Track Time	Due Effective	Completed	Order Signed	Created	Us
 Board/Commission Review	Case Management, Creighton, Vicki I		[add]	12/28/2011	12/28/2011		12/28/2011	Cre Vic
Target: BART MULLER, MD.MD.00012004 Action Info: Reviewing Board/Commission Member 1 Reviewing Board/Commission Member 2 Reviewing Board/Commission Member 3 Reviewing Board/Commission Member 4 Burger Leslie Hopkins Bruce Concannon Mike Elders Theresa								
Comments: PRESENTED FOR RECONSIDERATION. CASE TO REMAIN CLOSED.								
 Change Status to Closed	Case Management, Creighton, Vicki I		[add]	12/07/2011	12/07/2011		12/08/2011	Cre Vic
Target: BART MULLER, MD.MD.00012004 Correspondence: Letter: Respondent B C and P Prior to Investigation.rtf (Preview Letter) Envelope: envelope.rtf Case Status: Status Changed To: CLOSED Action Info: Resolution Recorded? Yes								
 Forward for Closure	Case Management, Creighton, Vicki I		[add]	12/07/2011	12/07/2011		12/08/2011	Cre Vic
Target: BART MULLER, MD.MD.00012004 Action Info: Resolution Recorded? Yes								
 Present for Assessment	Case Management, Creighton, Vicki I		[add]	11/30/2011	12/07/2011		12/07/2011	Cre Vic
Target: BART MULLER, MD.MD.00012004 Case Status: Status Changed To: Assessment Action Info: Decision Date 12/07/2011								

CMT Decision Maker 1 Brantner Richard
CMT Decision Maker 2 Gotthold William
CMT Decision Maker 3 Harder Ellen
CMT Decision Maker 4 Winslow Mary
CMT Decision Maker 5 Caille Karen
CMT Decision Maker 6 Heye George
CMT Decision Maker 7 Smith Jim
CMT Decision Maker 8 Newman Dani

 Intake	Case Intake, Hamilton, Cynthia R	[add]	11/30/2011	11/30/2011	11/30/2011	Cre Vic
--	-------------------------------------	-------	------------	------------	------------	------------

Target: BART MULLER

Warning: Warning Type: CASE PENDING
Warning Effective Date: 11/30/2011
Warning Cleared Date: 12/07/2011
Suppress License Print: NO
Warning: 2011-162442

Case Status: Status Changed To: Intake

Action Info: Complaint Source: Concerned Citizen
Possible Imminent Danger? No
Single Complaint
Process Coordination Needed? No

From: Saskia [keepingsweetinseattle@gmail.com]
Sent: Thursday, January 26, 2012 11:28 PM
To: McEachron, Melissa M (DOH)
Subject: Fwd: RE: Case No.: 2011-162442MD, MD 00012004 - you missed something
Attachments: Valentine -Request for Reconsideration Determination.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Melissa,

In your letter you say that I described Media Logic as a social media marketing group out to get me. First of all there are several branches of Media Logic. The one Bart Muller is believed to be associated with is the high-tech branch that **threatens the community** with the following statement in their own words:

*“The ‘Next Wave’ of technologists
benefits corporations that realize
diversity issues in the workplace must be resolved
or
face continued litigations and
deteriorating public image.”*

— Media Logic

<http://medialogic.com/About.asp>

Secondly, I provided email evidence that this company attempted to entrap me on a right-to-represent agreement for a job position that had not been open for some time. It was through this event that I was able to link this obscure company to the harassment. At what point does 'investigation' become 'harassment' is for a court to decide.

I need to know if Bart Muller is claiming to be my doctor and if this is why Bellevue Police will not take my reports and why Public Health shows up at my door when I push.

Fourthly, this situation has caused me an enormous distress. For the sake of my peace of mind, physical health and safety I need to know the truth.

I demand to know if this man is claiming to be my doctor.

Sincerely,

Saskia Valentine

----- Original Message -----

Subject: RE: Case No.: 2011-162442MD, MD 00012004 - request for reconsideration - follow up

Date: Thu, 26 Jan 2012 16:32:09 -0800

From: McEachron, Melissa M (DOH) <Melissa.Mceachron@DOH.WA.GOV>

To: <keepingsweetinseattle@gmail.com>

Ms. Valentine,

As a follow-up to our conversation this afternoon, the Medical Quality Assurance Commission completed its evaluation of your request for reconsideration in case # 2011-162-442. Per your request, I attached a pdf of the Medical Commission's letter to you with its determination. The original should be arriving by mail in the next few days.

Thank you for taking the time to contact the Medical Quality Assurance Commission.

Melissa McEachron

Program Administrator

Medical Quality Assurance Commission

360.236.2758

melissa.mceachron@doh.wa.gov

Public Health - Always Working for a Safer and Healthier Washington

From: Saskia [<mailto:keepingsweetinseattle@gmail.com>]

Sent: Thursday, January 26, 2012 9:28 AM

To: McEachron, Melissa M (DOH)

Subject: Fwd: Case No.: 2011-162442MD, MD 00012004 - request for reconsideration - follow up

Hi Melissa:

What's the status on my request for reconsideration concerning Bart Muller?

Case No.: 2011-162442MD, MD 00012004

Thank you,

Saskia Valentine

206-856-1778

----- Original Message -----

Subject: Case No.: 2011-16244 MD, MD 00012004 - request for reconsideration

Date: Tue, 20 Dec 2011 13:42:55 -0800

From: Saskia <keepingsweetinseattle@gmail.com>

Reply-To: keepingsweetinseattle@gmail.com

To: melissa.mceachron@doh.wa.gov

Re: Bart Muller, MD

Case No.: 2011-162442MD, MD 00012004

Dear Ms. McEachron,

I would like to request reconsideration of my complaint. Please allow me to try to clarify my complaint:

Bart Muller has engaged in unprofessional conduct that falls within the scope of RCW 18.130.180

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action.

I do not have a patient-doctor relationship with Bart Muller and have never met him. I was surprised to get any email communication from him at all. He did not respond to my request to fully identify himself, state his business with me or clarify if his email was intended as a threat.

1. By referring to "Difficulties" and invoking a name that only my family members use (Susan) he implies that he knows me personally.
2. His directive language, "It's time for you to go home." implies that he has authority over me.
3. His statement, "It's time for you to go home." implies that he knows I'm traveling away from home (I was in Salem, Massachusetts at the time I received his email.
4. His email is sent to an address, keepingsweetinseattle@gmail.com, that I use only for dealing with harassment issues. For regular personal email, I use dutchskvblue@yahoo.com and for professional email I use saskia.techwriter@gmail.com. The phrase, "keeping sweet in Seattle" is intended to point out the irony of liberal groups attempting to socially control people with opposing viewpoints.

Although he does not specifically state that he is my doctor, when I've attempted to report him for cyber-stalking, law-enforcement infers from the tone of his email that he is my doctor and will not take a report. This prevents me from reporting a crime and also prevents me from filing a restraining order to protect myself from him representing himself as my doctor. When I've pushed to get reports taken the police department contacted King County Public Health who sent social workers to my door.

Without proof that Bart Muller is not my doctor I'm also not able to get a civil rights attorney to help me because they too infer from the tone of his email that he is my doctor. The King County Bar Association even offered to return my money rather than refer me to an attorney.

Because Bart Muller is believed to be connected to Media Logic the potential threat to me is very real. Media Logic uses race and social justice as a facade for targeting people who support immigration controls. Their stated motive is to ruin people (see medialogic.com/about). This company has been involved in harassment and attempts to entrap me on bias which would put me at risk for being sued. They have also fraudulently accused me of making harassing phone calls and filed a restraining order against me. Because of Bart Muller's email I was not able to get a Civil Rights attorney to help me. Because of Bart Muller's email, I was afraid to appear in court alone in what should have been an easy case to fight because I have email and phone evidence to defend myself with. (see <http://keepingsweetinseattle.wordpress.com/2011/12/15/the-meteorcomm-pretext/>).

Doctors like Bart Muller play a key roll in protecting organizations like Media Logic from being prosecuted for violating the First Amendment rights of American citizens.

Sincerely,

Saskia Valentine
9073 Pine Mission Ave
Las Vegas, NV 89143
206-856-1778



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

January 25, 2012

Saskia Valentine
9073 Pine Mission Ave
Las Vegas, Nevada 89143-1178

Re: Case # 2011-162442 MD

Dear Ms. Valentine:

The Medical Quality Assurance Commission (Medical Commission) completed its evaluation of your request for reconsideration concerning the closure of your complaint against Bart Muller, MD. The Medical Commission takes each request for reconsideration seriously.

You state in your request for reconsideration that you received a threatening email from Bart Muller, who you believe is Dr. Bart Muller, MD and that his behavior violates RCW 18.130.180. You also state you believe Dr. Muller is cyberstalking you and is connected to Media Logic, Inc, a social media marketing firm trying to ruin you. You express concern that the police in King County would not take your cyperstalking report because the tone of the email seems to infer a doctor-patient relationship, even though none exists and sent King County Public Health social workers to your door. In addition, you are not able to find a civil rights attorney that will represent you. Even the King County Bar Association would not help you or refer you to a civil rights attorney, but offered to return your money instead.


The Medical Quality Assurance Commission is the entity within Washington State with legislated authority to license physicians and physician assistants, to investigate complaints, and to take disciplinary action against a physician's or physician assistant's license in order to prevent patient harm and protect public health and safety. The Medical Commission does not have the legal authority to invoke or enforce criminal or civil penalties.

A panel of the Medical Commission carefully reviewed your letter and the accompanying article or blog you wrote and posted at <http://keepingsweetinseattle.wordpress.com>. The Medical Commission focused its review on Dr. Muller's actions rather than those of Media Logic, Inc., since it does not have authority over businesses. Unfortunately, the information you supplied does not support the allegation that Dr. Muller acted in an unprofessional manner or that he violated RCW 18.130.180. As such, the panel determined that the evidence still does not meet the criteria of cases the Medical Commission investigates. Therefore, this case remains closed.



Ms. Valentine
January 25, 2012
Page 2

Once again, thank you for bringing your concerns to the Medical Quality Assurance Commission's attention.

Sincerely,


Melissa McEachron, Program Administrator
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866
melissa.mceachron@doh.wa.gov



State of Washington
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47886
Olympia WA 98504-7886

CONFIDENTIAL

MS SASKIA VALENTINE
9073 PINE MISSION AVE
LAS VEGAS NEVADA 89143-1178

McEachron, Melissa M (DOH)

From: Saskia [keepingsweetinseattle@gmail.com]
Sent: Thursday, January 26, 2012 5:21 PM
To: McEachron, Melissa M (DOH)
Subject: Re: Case No.: 2011-162442MD, MD 00012004 - request for reconsideration - clarification

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Melissa:

I'm very disappointed in the commission's decision. It seems to me that it should be a simple thing for the commission to investigate if this man is claiming to be my physician and compel him to clarify if there seems to be some confusion, particularly when refusing to do so prevents me from legally protecting myself against him. By his actions he has inflicted emotional distress which is harmful to me. By his failure to clarify his actions he has inflicted emotional distress which is harmful to me. Can you please clarify the following questions for me?

The commission's statement, "The information you supplied does not support the allegation that Dr Muller acted in an unprofessional manner." Dr Muller contacted me using an email account associated with his professional web page. He infers by his email that he knows me personally. He also refuses to clarify the intentions of his email or his connection to me. I forwarded these emails to you along with evidence that he is likely connected to an organization that has been harassing me.

Is it a violation of RCW 18.130.180 for a physician to claim or infer that a person is their patient when they are not?

Is it a violation of RCW 18.130.180 for a physician to refuse to clarify whether or not he is claiming that an individual is a patient of his when it appears by his own actions that this is the case?

What options do I have to obtain confirmation if Bart Muller is claiming that I've ever been a patient of his?

Sincerely,

Saskia Valentine

On 1/26/2012 4:32 PM, McEachron, Melissa M (DOH) wrote:
Ms. Valentine,

As a follow-up to our conversation this afternoon, the Medical Quality Assurance Commission completed its evaluation of your request for reconsideration in case # 2011-162-442. Per your request, I attached a pdf of the Medical Commission's letter to you with its determination. The original should be arriving by mail in the next few days.

Thank you for taking the time to contact the Medical Quality Assurance Commission.

Melissa McEachron
Program Administrator
Medical Quality Assurance Commission
360.236.2758
melissa.mceachron@doh.wa.gov
Public Health - Always Working for a Safer and Healthier Washington

From: Saskia [<mailto:keepingsweetinseattle@gmail.com>]

Sent: Thursday, January 26, 2012 9:28 AM

To: McEachron, Melissa M (DOH)

Subject: Fwd: Case No.: 2011-162442MD, MD 00012004 - request for reconsideration - follow up

Hi Melissa:

What's the status on my request for reconsideration concerning Bart Muller?

Case No.: 2011-162442MD, MD 00012004

Thank you,

Saskia Valentine

206-856-1778

----- Original Message -----

Subject: Case No.: 2011-162442MD, MD 00012004 - request for reconsideration

Date: Tue, 20 Dec 2011 13:42:55 -0800

From: Saskia <keepingsweetinseattle@gmail.com>

Reply-To: keepingsweetinseattle@gmail.com

To: melissa.mceachron@doh.wa.gov

Re: Bart Muller, MD

Case No.: 2011-162442MD, MD 00012004

Dear Ms. McEachron,

I would like to request reconsideration of my complaint. Please allow me to try to clarify my complaint:

Bart Muller has engaged in unprofessional conduct that falls within the scope of RCW 18.130.180

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action.

I do not have a patient-doctor relationship with Bart Muller and have never met him. I was surprised to get any email communication from him at all. He did not respond to my request to fully identify himself, state his business with me or clarify if his email was intended as a threat.

1. By referring to "Difficulties" and invoking a name that only my family members use (Susan) he implies that he knows me personally.

2. His directive language, "It's time for you to go home." implies that [REDACTED] has authority over me.
3. His statement, "It's time for you to go home." implies that he knows I'm traveling away from home (I was in Salem, Massachusetts at the time I received his email).
4. His email is sent to an address, keepingsweetinseattle@gmail.com, that I use only for dealing with harassment issues. For regular personal email, I use dutchskyblue@yahoo.com and for professional email I use saskia.techwriter@gmail.com. The phrase, "keeping sweet in Seattle" is intended to point out the irony of liberal groups attempting to socially control people with opposing viewpoints.

Although he does not specifically state that he is my doctor, when I've attempted to report him for cyber-stalking, law-enforcement infers from the tone of his email that he is my doctor and will not take a report. This prevents me from reporting a crime and also prevents me from filing a restraining order to protect myself from him representing himself as my doctor. When I've pushed to get reports taken the police department contacted King County Public Health who sent social workers to my door.

Without proof that Bart Muller is not my doctor I'm also not able to get a civil rights attorney to help me because they too infer from the tone of his email that he is my doctor. The King County Bar Association even offered to return my money rather than refer me to an attorney.

Because Bart Muller is believed to be connected to Media Logic the potential threat to me is very real. Media Logic uses race and social justice as a facade for targeting people who support immigration controls. Their stated motive is to ruin people (see medialogic.com/about). This company has been involved in harassment and attempts to entrap me on bias which would put me at risk for being sued. They have also fraudulently accused me of making harassing phone calls and filed a restraining order against me. Because of Bart Muller's email I was not able to get a Civil Rights attorney to help me. Because of Bart Muller's email, I was afraid to appear in court alone in what should have been an easy case to fight because I have email and phone evidence to defend myself with. (see <http://keepingsweetinseattle.wordpress.com/2011/12/15/the-meteorcomm-pretexl/>).

Doctors like Bart Muller play a key roll in protecting organizations like Media Logic from being prosecuted for violating the First Amendment rights of American citizens:

Sincerely,

Saskia Valentine
9073 Pine Mission Ave
Las Vegas, NV 89143
206-856-1778

McEachron, Melissa M (DOH)

From: McEachron, Melissa M (DOH)
Sent: Thursday, January 26, 2012 4:32 PM
To: 'keepingsweetinseattle@gmail.com'
Subject: RE: Case No.: 2011-162442MD, MD 00012004 - request for reconsideration - follow up
Attachments: Valentine -Request for Reconsideration Determination.pdf

Ms. Valentine,

As a follow-up to our conversation this afternoon, the Medical Quality Assurance Commission completed its evaluation of your request for reconsideration in case # 2011-162-442. Per your request, I attached a pdf of the Medical Commission's letter to you with its determination. The original should be arriving by mail in the next few days.

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Public Health - Always Working for a Safer and Healthier Washington

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206-856-1778

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Date: Tue, 20 Dec 2011 13:42:55 -0800
From: Saskia <keepingsweetinseattle@gmail.com>

Reply-To: keepingsweetinseattle@gmail.com
To: melissa.mceachron@doh.wa.gov

Re: Bart Muller, MD

Case No.: 2011-162442MD, MD 00012004

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Sincerely,

Saskia Valentine
9073 Pine Mission Ave
Las Vegas, NV 89143
206-856-1778



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

January 25, 2012

Saskia Valentine
9073 Pine Mission Ave
Las Vegas, Nevada 89143-1178

Re: Case # 2011-162442 MD

Dear Ms. Valentine:

The Medical Quality Assurance Commission (Medical Commission) completed its evaluation of your request for reconsideration concerning the closure of your complaint against Bart Muller, MD. The Medical Commission takes each request for reconsideration seriously.

You state in your request for reconsideration that you received a threatening email from Bart Muller, who you believe is Dr. Bart Muller, MD and that his behavior violates RCW 18.130.180. You also state you believe Dr. Muller is cyberstalking you and is connected to Media Logic, Inc, a social media marketing firm trying to ruin you. You express concern that the police in King County would not take your cyperstalking report because the tone of the email seems to infer a doctor-patient relationship, even though none exists and sent King County Public Health social workers to your door. In addition, you are not able to find a civil rights attorney that will represent you. Even the King County Bar Association would not help you or refer you to a civil rights attorney, but offered to return your money instead.

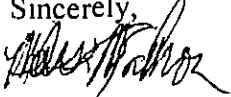
The Medical Quality Assurance Commission is the entity within Washington State with legislated authority to license physicians and physician assistants, to investigate complaints, and to take disciplinary action against a physician's or physician assistant's license in order to prevent patient harm and protect public health and safety. The Medical Commission does not have the legal authority to invoke or enforce criminal or civil penalties.

A panel of the Medical Commission carefully reviewed your letter and the accompanying article or blog you wrote and posted at <http://keepingsweetinseattle.wordpress.com>. The Medical Commission focused its review on Dr. Muller's actions rather than those of Media Logic, Inc., since it does not have authority over businesses. Unfortunately, the information you supplied does not support the allegation that Dr. Muller acted in an unprofessional manner or that he violated RCW 18.130.180. As such, the panel determined that the evidence still does not meet the criteria of cases the Medical Commission investigates. Therefore, this case remains closed.



Ms. Valentine
January 25, 2012
Page 2

Once again, thank you for bringing your concerns to the Medical Quality Assurance Commission's attention.

Sincerely,


Melissa McEachron, Program Administrator
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866
melissa.mceachron@doh.wa.gov



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MEDICAL QUALITY ASSURANCE COMMISSION
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CONFIDENTIAL

MS SASKIA VALENTINE
9073 PINE MISSION AVE
LAS VEGAS NEVADA 89143-1178

1/23/2012 2:42 pm
 Sickia Valentin
 asking for a status report on her research for the project

1/26 - Out in am
 [free 3 house structure
 damage]

Sickia Valentin
 Miller - Follow up
 email from me are not showing up
 in her email anymore. Please call her
 note - Needs to know what to do.
 If has been over 1 month, (add) 856-1778.

1/26 - 9:31 am
 Sickia Valentin
 Miller - Follow up

1/26 1:55 pm -
 Call to Sickia
 Valentin
 Note: MS Valentin called 4 other staff
 Members who are in the office. Even after she was informed
 I was out of the office due to an emergency.
 My name, I said the name of the person who was not there.
 Sickia Valentin said she needed the name of the person who was not there.

terminated the case will remain closed. I offered to attach a B of the letter to the email she sent this morning at 9:28am. She said she was disappointed and would like a B of the letter. I said I would send it to her as an attachment by the end of the day.

Note: Ms. Valentine called several other people at MQAC between 8:31am and 1:15pm, including Vicki, Karlina, & Betty (and a message for me) 3/11/14

1/26
Melissa

This woman was calling around the office trying to find out what the status of her reconsideration was. It was explained to her that you are the one she needs to talk to. She said she "has left messages with you but you've not returned her calls." When she called in again, I finally found out why you are out & she was told that you had an emergency at home & will hopefully be in this afternoon.

Vicki

She ^{was} asked to speak to Mariyella so you might want to give her call ASAP.



Jackie

DOB: 856-1778

RE CASE 2011-16244 MD

RE Consideration



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

January 25, 2012

Saskia Valentine
9073 Pine Mission Ave
Las Vegas, Nevada 89143-1178

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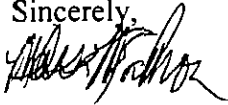
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Ms. Valentine
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9073 PINE MISSION AVE
LAS VEGAS NEVADA 89143-1178

McEachron, Melissa M (DOH)

From: Saskia [keepingsweetinseattle@gmail.com]
Sent: Tuesday, December 20, 2011 1:43 PM
To: McEachron, Melissa M (DOH)
Subject: Case No.: 2011-162442MD, MD 00012004 - request for reconsideration

Follow Up Flag: Follow up
Flag Status: Flagged

Re: Bart Muller, MD

Case No.: 2011-162442MD, MD 00012004

Dear Ms. McEachron,

I would like to request reconsideration of my complaint. Please allow me to try to clarify my complaint:

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me of making harassing phone calls and filed a restraining order against me. Because of Bart Muller's email I was not able to get a Civil Rights attorney to help me. Because of Bart Muller's email, I was afraid to appear in court alone in what should have been an easy case to fight because I have email and phone evidence to defend myself with. (see <http://keepingsweetinseattle.wordpress.com/2011/12/15/the-meteorcomm-pretext/>).

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Sincerely,

Saskia Valentine
9073 Pine Mission Ave
Las Vegas, NV 89143
206-856-1778

McEachron, Melissa M (DOH)

From: McEachron, Melissa M (DOH)
Sent: Friday, December 16, 2011 4:46 PM
To: 'keepingsweetinseattle@gmail.com'
Subject: Information on Complaint Response
Attachments: 1-2-02_ComplaintResponse.pdf

Ms. Valentine,

I wanted to follow-up with you regarding our conversation earlier this week. As promised, I'm sending (attached) the agency policy the Medical Quality Assurance Commission uses to evaluate complaints. The policy outlines the situations in which the Medical Commission believes it is mandatory to conduct an investigation. In all other situations, an investigation is optional.

If you have further questions about the policy or the request for reconsideration process, please call or email me.

Thank you,

Melissa McEachron
Program Administrator
Medical Quality Assurance Commission
360.236.2758
melissa.mceachron@doh.wa.gov

Public Health - Always Working for a Safer and Healthier Washington

Department of Health Health Systems Quality Assurance	1-2-02
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Title: Complaint Response Process	Supersedes: <u>January 22, 2009 version of</u> <u>HSQA Procedure 1-2-02</u>
Purpose	This standard business practice describes the complaint response process used by HSQA to assess complaints and determine enforcement actions.
RCW, WAC or policy	<u>Chapter 18.130 RCW</u>
Tools or Forms	Tools: <ul style="list-style-type: none"> • <u>Flowchart</u> Forms: <ul style="list-style-type: none"> • <u>Form 1-2-02A Assessment Worksheet</u> • <u>Form 1-2-02B Case Disposition Worksheet</u> • <u>Form 1-2-02C Sanctions Worksheet</u>
Approved by Office Director(s)	Office of Health Professions & Facilities: Steven Saxe Office of Customer Service: Shannon Beigert Office of Investigation and Inspection: Dave Magby Office of Legal Services: Bill Kelington Office of Community Health Systems: Janet Kastl
Chief Administrator	HSQA Chief Administrator: Shannon "Sam" Marshall
Date Approved for posting	January 22, 2009
Effective date	December 10, 2009
Date for review	December 10, 2010
Contact person	Kirby Putscher, Case Management Administrator
Office	Office of Investigation and Inspection
Phone	(360) 236-4868
<p>This standard business practice describes the standard used to respond to complaints about regulated providers and unlicensed practice. It identifies the case coordination process after intake. This standard business practice also outlines criteria to consider when deciding whether to:</p> <ul style="list-style-type: none"> • investigate complaints (thresholds), • take enforcement action (case disposition and sanctions), or • close a complaint. 	

Definitions	
Agreed Order	A document issued by the disciplinary authority that is negotiated by the health care professional and their attorney, if represented, with representatives of the Department of Health.
Assessment	The process used to determine whether to investigate a complaint or close it without investigation
Below Threshold	Thresholds established by each disciplinary authority that are used as a basis to close a case concerning a health care provider (practitioner or facility) without an investigation or disciplinary action. Below threshold complaints are ones that suggest little or no risk of harm to the public.
Board	Members of a health care profession and public members appointed by the Governor to determine the competency and quality of health care professionals in a particular profession.
Case Disposition	The process of evaluating evidence from an investigation and making a decision to take action or close the complaint.
Case Management Team	A core group of staff used to ensure group assessment and decision-making in all matters that may lead to adjudicative action. Participants may include: case manager, program manager, staff attorney, chief investigator or designee, executive director or designee. Credentialing supervisors and compliance officers participate as needed.
Commission	Members of a health care profession and public members appointed by the Governor to determine the competency and quality of health care professionals in a particular profession.
Disciplinary Action	Formal or informal actions a disciplinary authority can take to limit or restrict a health care professional in practice or to impose conditions for practice.
Disciplining Authority	The entity authorized by law to regulate the profession.
Expedited Case Management Team (ECMT)	A core group of staff to assess reports alleging possible imminent danger issues. It may also be used to coordinate the handling of complex and otherwise challenging cases. At a minimum, participants include case manager, supervising staff attorney and chief investigator. Later meetings may also include the assigned Assistant Attorney General and may include the program manager, executive director or designee.
Final Order	A document issued by the disciplinary authority that is issued as a result of a formal hearing.
Health Law Judge	An attorney employed by the Department of Health to conduct adjudicative proceedings.

Imminent Danger	A serious risk of immediate adverse impact to the public health, safety or welfare.
Investigation	The process used by trained Department of Health employees to interview people and gather the facts about a complaint.
Jurisdiction	A legal term that refers to the subject matter a disciplinary authority is allowed by law to address.
Multi-authority complaint	Reports or complaints related to a single practitioner or facility regulated by multiple regulatory authorities within HSQA or complaints/reports related to multiple practitioners or facilities related to a single event. It may also include a regulated provider and unlicensed practice.
No Cause for Action	A complaint that is closed because no violation of the law has been proven.
Notice of Correction	A notice issued to the health care professional that a violation of a statute or rules has been documented. The notices are not considered disciplinary actions.
Notice of Decision	A document used to notify applicants of the denial of their application under <u>RCW 18.130.055(1)(d)(failure to provide qualified for license)</u> .
Regulatory Authority	The entity authorized by law to regulate the profession, facility or activity, including the disciplinary or disciplining authority in the Uniform Disciplinary Act (UDA).
Report	Information that raises concern about conduct, acts or conditions related to a regulated provider or activities regulated by the Department.
Single Complaint Case Management Team	A core group of staff to review cases that involve multi-authority complaints. Participants must include the Case Management Administrator or designee, and representatives of each affected program. This may include the case manager, supervising staff attorney, supervising investigator, and program manager and executive director or designee.
Statement of Charges	A document issued that presents allegations of violations of the law.
Stipulation to Informal Disposition	An informal method for the disciplinary authority to resolve a complaint against a health care professional.
Summary Coordinator	A member of the OLS management team identified to coordinate summary actions.
<u>Uniform Disciplinary Act</u>	Washington state law that provides standardized standard business practices for approving applicants for credentials and for disciplining health care professionals.

Steps		
	Activity or Event(s)	Person(s) Involved
	<p>For purposes of this standard business practice, reference to the disciplining authority refers to:</p> <ul style="list-style-type: none"> The case management team (CMT) for Secretary-regulated professions and facilities. In the event the CMT is not able to reach consensus, the affected Office Directors substitute for the CMT. The board or commission in board or commission-regulated professions. 	
1.	<p>If the Complaint Intake Supervisor requests an expedited case management team (ECMT), the ECMT evaluates the report and determines its priority. If the report involves the risk of imminent harm, it is assigned priority A in the database.</p> <p>A. If the current report is serious (high priority) and justifies investigation on its own merit, the Expedited Case Management Team (ECMT) can authorize an immediate investigation in Secretary-regulated professions or facilities without review of prior discipline and complaints.</p> <p>B. Follow-up ECMTs are convened as necessary in order to monitor the appropriateness of the assigned priority and to ensure a team-based approach is being used to quickly process high priority cases.</p> <p>C. In high priority cases involving Board/Commission professions, the team makes a recommendation and refers the case for a prompt review by a reviewing member and a specially scheduled panel. In high priority cases involving Secretary professions the team makes the ultimate case disposition decision.</p> <p>All ECMTs are followed up with a memo to the participants and summary coordinator and stored in the case management share drive.</p>	IIO – Case Management OLS
2.	Any staff person can call an ECMT at any stage of investigation or case disposition in order to reconsider case priority in light of factual developments.	All HSQA Staff
3.	<p>Some cases are referred to the Case Management Administrator, as single complaint coordinator.</p> <p>A. If a pilot commission is involved, the Case Management Administrator contacts the pilot commissions to find out if they are going to participate in the single complaint process.</p>	IIO – Case Management Administrator

	<p>B. The Case Management Administrator convenes a Single Complaint Case Management Team (SCCMT) to evaluate the complaint, assign priority, and determine how to manage the complaint response. This may include determining which authority will take the lead and how the authorities will coordinate their efforts.</p> <p>C. The Case Management Administrator monitors activities and tracks the process through final resolution.</p> <ul style="list-style-type: none"> • Case managers must regularly update the Case Management Administrator, particularly as closure decisions are made. • The Case Management Administrator tries to minimize duplicate correspondence and keep the complainant updated about which complaints are still pending. 	
4.	When a report appears in the case manager's work queue in the database, (s)he reviews the case record as well as the complaint summary and related documents on the share drive.	IIO – Case management
5.	<p>The case manager schedules presentation of reports to the regulatory authority:</p> <ul style="list-style-type: none"> • For secretary regulated – CMT • For board/commission regulated – a panel of member 	IIO – Case management
6.	<p>The regulatory authority determines whether the program has jurisdiction in the case.</p> <p>A. The program has jurisdiction if:</p> <ul style="list-style-type: none"> • The complaint relates to conduct regulated by the Department of Health • The individual or entity held a credential at the time of the alleged or investigated conduct or condition, or • The individual or entity has applied for a credential • It is a Board/Commission sexual misconduct case without clinical issues involved <p>B. The program does not have jurisdiction over issues unrelated to patient or public safety. For example:</p> <ul style="list-style-type: none"> • Employer/employee issues covered by employment law • Political activities 	IIO – Case management
7.	<p>If the regulatory authority has jurisdiction, it must determine whether there is some other reason to close the report without further action.</p> <ul style="list-style-type: none"> • Reports may be closed without investigation on the basis 	IIO – Case management

	<p>the alleged conduct may not amount to a violation.</p> <ul style="list-style-type: none"> • Reports may be closed without investigation as below threshold. Thresholds include: <ul style="list-style-type: none"> ○ Advertising that does not appear false, fraudulent, or misleading; ○ Anonymous complaints that do not contain allegations of actual harm or significant risk of harm; ○ Billing and fee disputes; ○ Communication issues (this may include unintentional miscommunication; Personality disputes; ○ Lack of complainant credibility (based on prior complaints/experience); ○ Isolated incidents which suggest little or no patient harm; ○ Aged or outdated complaints; ○ Issues which have been otherwise resolved; ○ Practice on an expired credential for a short period of time. <p>There may be provider-specific threshold criteria as well. These criteria are in writing and approved by the disciplining or regulatory authority.</p>	
8.	At the time it assesses a complaint, the regulatory authority decides whether to close the report without investigation or authorize investigation. If a report alleges sexual misconduct and does not involve clinical issues, the board/commission refers to the secretary as the disciplining authority.	IIO – Case management
9.	<p>In health professions, before a report is either closed or authorized for investigation, the disciplining authority must consider prior discipline and any complaints regarding the practitioner. This includes:</p> <ul style="list-style-type: none"> • stipulations to informal disposition (STIDs), • agreed orders, or • other final orders (default orders, waiver orders, and orders after hearing). The orders appearing on Provider Credential Search should serve this purpose. • if there were out-of-state actions, the national databank or national association data printout should be provided. • investigative reports • existing case summaries • other documents that clearly describe the nature and outcome of the complaint 	Disciplining authority

	The worksheet provided to the disciplining authority does not include the respondent's identifying information. That information is filled in after the disciplining authority has decided what steps to take.	
10.	If the disciplining authority feels it needs additional information related to the previous complaints, complaint intake staff will pull the underlying files.	OCS – Complaint Intake
11.	<p>The disciplining authority may close reports (or recommend closure) before investigation if it determines they are below threshold.</p> <p>If the report is closed before investigation, the case manager:</p> <ul style="list-style-type: none"> • Completes the Assessment Worksheet • Updates ILRS to record the resolution • Ensures all completed forms are in the file and transfers report file to CSO-Complaint Intake for closure. 	IIO – Case Management
12.	<p>If the report is authorized for investigation, the case manager:</p> <p>For secretary-regulated providers:</p> <ul style="list-style-type: none"> • completes and signs the <u>assessment worksheet</u> • updates ILRS • ensures all completed forms are in the file and • transfers file to the IIO manager responsible for the regulated provider. <p>For board/commission professions:</p> <ul style="list-style-type: none"> • provides the <u>assessment worksheet</u> to the panel chair for signature • updates ILRS • ensures all completed forms are in the file and • transfers the file to the Chief Investigator. 	IIO – Case Management
13.	<p>Once the investigation has been completed the case record is given to the case manager. The case manager reviews the record in secretary-regulated matters and presents to CMT.</p> <p>In board/commission cases, the case manager assigns a reviewing member, and prepares a copy of the record for that member. The case manager monitors completion of the review and works with the reviewing member to schedule presentation for decision-making.</p>	IIO – Case management

14.	<p>At the presentation, the regulatory authority determines whether the case should be closed or whether action needs to be taken. If the case involves a facility, go to step 17.</p> <ul style="list-style-type: none"> • In health professions cases closed without action, the case manager completes the case disposition worksheet. • If the case is referred for action, the case manager completes the <u>case disposition</u> and sanction worksheets and gathers any reviewing documents presented in summary of the case. <p>In health professions cases, after investigation, the disciplining authority decides whether the complaint should be</p> <ul style="list-style-type: none"> • Referred to the Secretary as the disciplining authority in board/commission sexual misconduct cases where there are no clinical issues involved • Closed for lack of jurisdiction • Closed for no violation suggested • Closed for insufficient evidence of violation • Resolved with a notice of correction • Resolved informally with a stipulation to informal disposition (STID) • Resolved by formal disciplinary action, commencing with a statement of charges 	IIO – Case management
15.	<p>The case manager prepares the <u>case disposition worksheet</u> at the time the disciplining authority determines what step to take. The worksheet provides guidance to staff about next steps and is filled in at the time the disciplining authority makes its case disposition decision.</p>	IIO – Case management
16.	<p>When the disciplining authority is deciding which action to take, it must utilize the <u>sanctions guidelines</u> to ensure the action taken fits with the guidelines. The level of action taken could be a Notice of Correction (NOC), Notice of Decision (NOD), Statement of Allegations (SOA) or Statement of Charges (SOC).</p> <p>A. NOCs are limited in use. NOCs are used when the violation has the following characteristics:</p> <ul style="list-style-type: none"> • No patient harm and low risk of future harm • Single occurrence • Violation occurred more than 2 years ago • No prior disciplinary history • Provider accepts responsibility for the violation and is willing to correct the violation 	IIO – Case management

	<ul style="list-style-type: none"> • Self-remediation • Supervision/monitoring is in place in the practice setting • The most likely sanction is a fine <p>Notices of Correction are limited to minor violations, refer to the rule and, in professions, are not "unprofessional conduct". They involve the facts are undisputed and admitted. Examples include:</p> <ul style="list-style-type: none"> • Second time violations that were below threshold the first time • Failure to complete continuing education (CE) requirements • Minor infection control violations • Practice on an expired credential for a moderate period of time (less than 60 days) • Minor record keeping or reporting problems • Name tag violations • Utilizing out of date references • Advertising violations • Substandard patient disclosure statements • Minor medication errors in a pattern or limited time <p>B. A Stipulation to Informal Disposition [STID] is appropriate when the facts involve conduct that does not require suspension or revocation and publication through news releases is not necessary for public protection.</p> <p>Cases appropriate to resolve with a STID include:</p> <ul style="list-style-type: none"> • Minimal risk of harm to future patients or clients • Only minimal to moderate patient harm • No pattern of violations <p>C. Formal disciplinary action through a Statement of Charges (SOC) is indicated when significant sanctions are necessary, the public must be notified, and/or agreement is not likely.</p> <p>A statement of charges should be issued when:</p> <ul style="list-style-type: none"> • The violation resulted in moderate or substantial patient injury • The violation created a serious risk of harm • There is failure to comply with a prior Order, STID, or Notice of Correction and suspension through a show cause process is not available • STID has been offered but not accepted • Pattern of significant violations • Inability to practice with skill and safety due to mental or physical condition • Revocation or suspension is necessary to assure public protection 	
--	---	--

17.	<p>After the case disposition has been completed, within 3 working days, the case manager updates ILRS and either transfers the case to CSO-Complaint Intake for closure or to OLS – Legal Intake for initiation of action.</p> <p>A. For cases closed without action, the case manager:</p> <ul style="list-style-type: none"> • Updates ILRS to record the resolution • Sets the file and ensures all completed forms/evidence are in the case record • Transfers the file to CSO-Complaint Intake <p>B. For cases closed with action, the case manager:</p> <ul style="list-style-type: none"> • Updates ILRS to record the disposition • Sets the file and ensures all completed forms/evidence are in the complaint file • Transfers the file OLS-Legal Intake to establish the master case 	IIO – Case management

Respondent: _____

Case Number: _____

Date: _____

Board/Commission/Profession: _____ Facility Type: _____

Presented by: _____

Staff present: _____

☐ Conference Call
 ☐ Board/Commission/CMT meeting
 Panel members: _____
A. FILE CLOSED:

<input type="checkbox"/> BT- No Jurisdiction	<input type="checkbox"/> BT- No violation at the time the event occurred	<input type="checkbox"/> BT- Advertising that is a technical violation	<input type="checkbox"/> BT- Communication and personality issues
<input type="checkbox"/> BT- Aged or outdated complaints	<input type="checkbox"/> BT- Risk minimal, not likely to reoccur	<input type="checkbox"/> BT- Lack of complaint credibility	<input type="checkbox"/> BT- Complainant withdrew
<input type="checkbox"/> BT- No complainant's or client/patient's name and no allegations of significant harm or potential harm	<input type="checkbox"/> BT- Billing and fee disputes except as designated by disciplining authority	<input type="checkbox"/> BT- Practice on an expired credential for a period of time accepted by the disciplining authority	<input type="checkbox"/> BT- Insufficient information
<input type="checkbox"/> BT- Profession-specific threshold. Explain: _____ a) Violating confidentiality b) Inappropriate delegation to unlicensed person that does not involve invasive procedures or piercing of skin (e.g., RN instructs NA to apply skin cream) c) Failure to supervise resulting in no harm or minor harm to a patient d) Isolated incidents which suggest little or no patient harm, not likely to reoccur	<input type="checkbox"/> BT- Issues which have been otherwise resolved. Explain resolution: _____ _____ _____ _____ _____ (detail corrective action: practitioner is already revoked; ongoing monitoring, etc.)	<input type="checkbox"/> BT- If allegations are true, no violation of law occurred	<input type="checkbox"/> BT- Referral to another program or agency. <input type="checkbox"/> BT- Incident reported by facility

Further explanation (if any): _____

B. INVESTIGATION AUTHORIZED:

Recommended priority:

ProfessionsFacilities

- ☐ A (risk of immediate danger)
☐ B (serious risk)
☐ C (moderate risk)
☐ D (minor risk)
☐ E (technical violations)

(____ # of days)
 (____ # of days)
 (____ # of days)
 (____ # of days)
 (____ # of days)

C. SEXUAL MISCONDUCT CASES

For Board and Commission cases, panel should refer sexual misconduct cases to the Secretary when the case does not involve clinical expertise or standard of care issues. (Note: any pre-investigation referral should still include a panel authorization for investigation.)

- ☐ Panel finds there are clinical issues, do not refer.
☐ No clinical issues, refer case to Secretary

Notes:Initiate investigation and obtain records, including patient records.

Authorized by Panel Chair/CMgr: _____

Print Name of Panel Chair/CMgr: _____

 per Program Staff (initials) _____ Reviewing Commission Member _____
 (if applicable) (if applicable)

Date investigation authorized: _____

Respondent: _____
 Date Presented: _____

Case Number: _____

Profession: _____

Section: 3

Presented by: Taylor

Staff Attorney: _____

Staff present at B/C Disposition: _____

Pre-Assigned or Requested (circle one)¹**SEXUAL MISCONDUCT CASES**

For Board and Commission cases, panel should refer sexual misconduct cases to the Secretary when there are no clinical issues involved. (It is recommended to make this referral only after investigation; however, any pre-investigation referral should include a panel authorization for investigation.)

- ☐ Panel finds there are clinical issues, do not refer.
☐ No clinical issues, refer case to Secretary

Complete Signature Below Only If Case Is Referred to Secretary

Authorized by Panel Chair: _____

Print Name of Panel Chair: _____

per Program Staff (initials) _____

Reviewing Commission Member _____

(if applicable)

(if applicable)

Date referral authorized: _____

A. REQUEST FOR LEGAL ACTION:☐ Summary Action:☐ Suspension ☐ Practice Restrictions _____☐ Statement of Charges:☐ Statement of Allegations:☐ Notice of Correction:☐ Notice of Determination:☐ Withdrawal of SOC:☐ Withdrawal of SOA:☐ Compliance: Release from STID☐ Compliance: Release from Order☐ Compliance: Referral to Collection Agency☐ Compliance: Authorization for Fast Track**Alleged Violations—RCW 18.130.180:**☐ (1) Moral turpitude☐ (2) Misrepresentation of facts☐ (3) False advertising☐ (4) Incompetence☐ (5) Out of state action☐ (6) Illegal use of drugs☐ (7) Violated state or fed law☐ (8) Failure to cooperate☐ (9) Failure to comply☐ (10) Aiding and abetting☐ (11) Violation of rules☐ (12) Practice beyond scope☐ (13) Misrepresentation or fraud☐ (14) Failure to supervise☐ (15) Public health risk☐ (16) Unnecessary or inefficacious drugs☐ (17) Criminal conviction☐ (18) Criminal abortion☐ (19) Treating by secret methods☐ (20) Betrayal of patient privilege☐ (21) Rebating☐ (22) Interference w/ investigation☐ (23) Current drug/alcohol misuse☐ (24) Sexual contact/patient abuse☐ (25) Acceptance of more than nominal gratuity

Other Violations of Relevant State or Federal Law: _____

Or

RCW 18.130 .170:

☐ Mental Impairment☐ Physical Impairment**B. FILE CLOSED:**

<input type="checkbox"/> No Jurisdiction	<input type="checkbox"/> No violation at the time the event occurred	<input type="checkbox"/> Conduct was within standard of practice	<input type="checkbox"/> No violation determined
<input type="checkbox"/> Evidence does not support a violation	<input type="checkbox"/> Risk minimal, not likely to reoccur	<input type="checkbox"/> Mistaken identity	<input type="checkbox"/> Care rendered was within standard of care
<input type="checkbox"/> Insufficient evidence	<input type="checkbox"/> Complainant withdrew	<input type="checkbox"/> No Whistleblower	<input type="checkbox"/> Complaint unique closure
<input type="checkbox"/> Application Investigation Only- No Action to Deny			

Further explanation (if any): _____

C. OTHER, EXPLAIN (Legal Review, Return to Investigation, etc.):

¹ Program may request a specific staff attorney who has prior experience with the file or the Respondent.

Profession: _____

☐ NOD☐ SOA/STID☐ C&D☐ SOC/AO☐ SUMMARY**SANCTIONS WORKSHEET****A. Case Specifics:**

Respondent _____

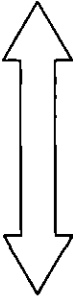
Case Number _____

Conduct (briefly summarize):
_____**B. Select the appropriate Sanction Schedule or Schedules:**

(If multiple violations are involved, a single worksheet is used, but multiple severity tiers identified.)

1. ☐ Practice Below The Standard Of Care (WAC 246-16-810) 4. ☐ Diversion (WAC 246-16-840)
 2. ☐ Sexual Misconduct or Contact (WAC 246-16-820) 5. ☐ Substance Abuse (WAC 246-16-850)
 3. ☐ Abuse- Physical and/Or Emotional (WAC 246-16-830) 6. ☐ Criminal Convictions (WAC 246-16-860)
 7. ☐ None of the Above

C. Circle the appropriate Tier of the Sanction Schedule:

	Severity Tier	Sanction Range In consideration of Aggravating & Mitigating Circumstances		Duration
		Minimum	Maximum	
	A	Conditions that may include reprimand, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 3* or 5* years which may include reprimand, training, monitoring, supervision, evaluation, probation, suspension, etc.	*Schedules 1, 2, 3: 0 – 3 years *Schedules 4, 5, 6: 0 – 5 years
	B	Oversight 2 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 5* or 7* years which may include suspension, probation, practice restrictions, training, monitoring, supervision, evaluation, etc. OR Revocation	*Schedules 1, 2, 3, 6: 2 – 5 years *Schedules 4, 5: 2 – 7 years Unless Revocation
	C	Refer to Individual Sanction Schedules	Refer to Individual Sanction Schedules	*Schedule 1: 3 years – Permanent *Schedules 2, 3, 4, 5: 5 years – Permanent *Schedule 6: 6 years – Permanent

(Always start in the middle of the range, and move along the spectrum with aggravating/mitigating circumstances.)

D. Prior disciplinary history or other related violation (briefly describe):
_____**E. WAC 246-16-890 Sanctions: Aggravating and Mitigating Factors:**(Indicate which, and check all that apply)

- | | | | |
|--|---|---|--|
| 1. Related to Misconduct
<input type="checkbox"/> Gravity of the misconduct

<input type="checkbox"/> Age, Capacity, Vulnerability Of patient, client, victim
<input type="checkbox"/> Number or frequency of acts

<input type="checkbox"/> Injury caused by misconduct

<input type="checkbox"/> Potential for injury

<input type="checkbox"/> Degree of responsibility for outcome
<input type="checkbox"/> Abuse of trust
<input type="checkbox"/> Intentional or inadvertent act
<input type="checkbox"/> Motivation is criminal, dishonest or for personal gain
<input type="checkbox"/> Length of time since misconduct | 2. Related to License Holder
<input type="checkbox"/> Experience in practice

<input type="checkbox"/> Past disciplinary record (seen above)
<input type="checkbox"/> Previous character

<input type="checkbox"/> Mental, physical health

<input type="checkbox"/> Personal circumstances

<input type="checkbox"/> Personal problems having A nexus with misconduct

<input type="checkbox"/> OTHER _____ | 3. Related to Disciplinary Process
<input type="checkbox"/> Admission of facts

<input type="checkbox"/> Full and free disclosure to Disciplining authority
<input type="checkbox"/> Voluntary restitution or other remedial action
<input type="checkbox"/> Bad faith obstruction of investigation
<input type="checkbox"/> False evidence, statements, or deceptive practices
<input type="checkbox"/> Remorse or awareness conduct was wrong
<input type="checkbox"/> Impact on client, patient, victim | 4. General Factors
<input type="checkbox"/> Knowledge, intent, And responsibility
<input type="checkbox"/> Presence of pattern

<input type="checkbox"/> Present moral fitness

<input type="checkbox"/> Potential for Successful rehabilitation
<input type="checkbox"/> Present competence To practice
<input type="checkbox"/> Dishonest or selfish Motives
<input type="checkbox"/> Illegal conduct
<input type="checkbox"/> Heinousness
<input type="checkbox"/> Ill repute upon Profession
<input type="checkbox"/> Isolated incident |
|--|---|---|--|

Profession: _____

☐ NOD

☒ SOA/STID

☐ C&D

☐ C/AO

☐ SUMMARY

CORE SANCTION(S): (Check applicable sanctions)

☐ Compliance with conditions (conditions identified below)

☐ Probation with conditions (conditions identified below)

☐ Suspension:

☐ with no right to petition for reinstatement for _____ (months/years)

☐ for indefinite term

☐ Revocation:

☐ for _____ (months/years) with no right to reapply during that time

☐ may petition for reinstatement after _____ (months/years) after providing evidence of meeting conditions indicated below

☐ Permanent (If seeking permanent revocation, must prove no ability to rehabilitate)

☐ Practice with restriction or limitations indicated below

☐ Censure or Reprimand (circle one) (note- Reprimand must be done with an SOC)

☐ Payment of fine / cost recovery: \$ _____ within _____ months/years

☐ Refund of fees collected from consumer: proof of refund provided within _____ months/years

☐ Denial of credential application

☐ Grant credential application with conditions indicated below

CONDITIONS:

☐ Approved supervisor for _____ (months/years)
Requirements for supervisor (e.g. credential or experience): _____

☐ Specific practice limitations or restrictions (e.g., no solo practice: limitation on patient population; chaperone) Explain: _____

☐ Employment restrictions (e.g. to certain practice settings or facilities)
Explain: _____

☐ Reports from respondent/employer/supervisor/health care provider (circle one) for _____ months/years (circle one):
Report frequency _____

☐ Evaluation (e.g., substance abuse monitoring, anger management) within _____ months/years Explain: _____
☐ Comply with coursework/treatment recommendations

☐ Monitoring program (e.g., Washington Health Professional Services (WHPS), Washington Recovery Assistance Program for Pharmacy (WRAPP), Washington Physicians Health Program (WPHP) and comply with contract (sole condition related to substance abuse)

☐ Biological fluid testing (do not use if sanction includes monitoring program)

☐ Practice review/audits: _____ (number) of audits over _____ months/years
Review/audit is to assess _____

☐ Proctoring/Preceptorship for _____ (months/years)
Explain: _____

☐ Notification of employer/patient

☐ Return credential in association with indefinite suspension or revocation

☐ Continuing education -Type and hours _____
(Respondent may not engage in the subject activity until CE is completed, at a minimum)
Deadline for completion _____

☐ Skills assessment _____
Deadline for completion _____
Clinical training/refresher course Details: _____

☐ Other _____

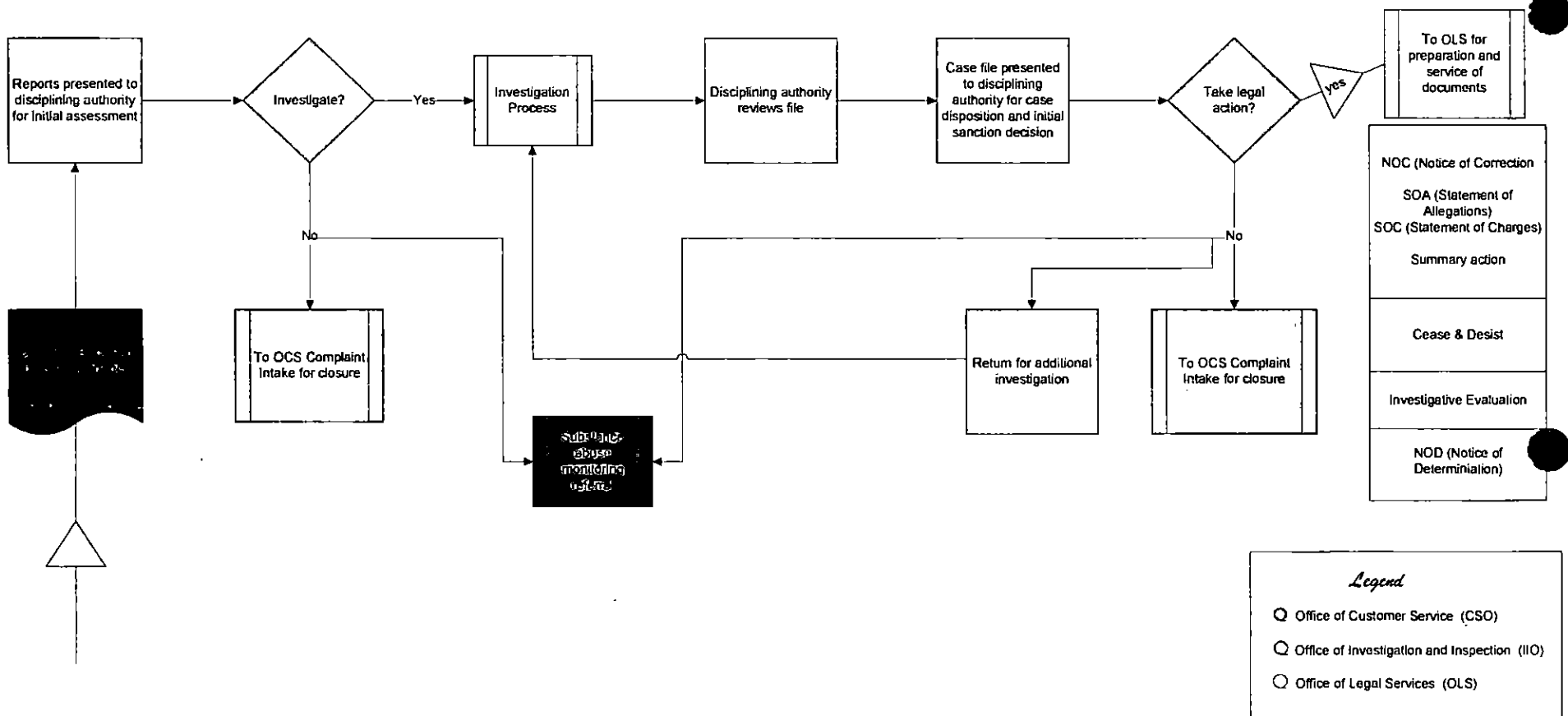
Completed by: _____

Date: _____

Complaint Response Process

HSQA Practice No. 1-2-02

January 22, 2009



Phone call - 12/14/2011
2:37 PM

- Reviewed reasons for decision
- Request for reconsideration
→ new information related to physician conduct
- Suggested she request a copy of the file.
- Reviewed process, website, public disclosure contact options

11/3



NOTICE

WAC 246-15-030, procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) Instructs that staff will **affix** a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of health about the improper quality of care by a health care provider as defined in RCW 43.72.010 **shall remain confidential**.

Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is not disclosed.

NOTICE



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

December 8, 2011

Saskia Valentine
9073 Pine Mission Ave
Las Vegas, NV 89143-1178



COPY

RE: Bart Muller, MD
Case No.: 2011-162442MD; MD00012004

Dear Ms. Valentine:

Thank you for your recent letter in which you expressed concerns regarding an allegation of unprofessional conduct.

A panel of the Medical Quality Assurance Commission reviewed the issues raised in your report and determined they do not meet the criteria established for cases which are to be investigated. Specifically, the complaint contained insufficient information. As a result, this case has been closed. You may request reconsideration within 30 days of receiving this letter if you have new information to submit.

Enclosed is a list of the medical societies located throughout the state of Washington. Medical Societies attempt to resolve disputes between their member physicians and patients who have concerns. Perhaps they may be of assistance.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission. If you have any questions, please call me at (360)236-2758 or contact me by email at melissa.mceachron@doh.wa.gov.

Sincerely,

Melissa McEachron, Program Administrator
Medical Quality Assurance Commission

Enclosure: Medical Societies Listing





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

December 8, 2011

Bart Muller, MD
901 Boren Ave
Ste 1020
Seattle, WA 98104-3508



COPY

RE: Bart Muller, MD
Case No.: 2011-162442MD; MD00012004

Dear Dr. Muller:

The Medical Quality Assurance Commission received a report alleging unprofessional conduct. A panel of the Commission reviewed the report and determined that it did not meet the criteria established for cases which are to be investigated. Therefore, this case has been closed.

You have the right to request any information contained in the file. However, please note that the state whistleblower law, RCW 43.70.075, prohibits disclosure of the complainant's identity in cases where a whistleblower waiver has not been obtained. Consequently, any information you might obtain through a public disclosure request would not contain specific details of the complaint. If you would like a summary of the case or other materials in the file, please submit a written request for a copy to the Department of Health, Public Disclosure & Records Center, PO Box 47865, Olympia, WA 98504-7865 or fax to (360)586-2171. Their email address is PDRC@doh.wa.gov.

Because the report file was closed without an investigation, the existence of this report is not releasable through the automated voice response system or in response to telephone inquiries. However, the report is subject to written public disclosure requests (RCW 18.130.0-95 and RCW 42.17). Even though this case has been closed, you have the right to voluntarily submit a written statement which will become part of the file and will be provided in response to any public disclosure request.

As stated in paragraph 2 above, if you wish to request a summary of this complaint, please contact the Public Disclosure & Records Center directly. If you have any questions, other than requesting a copy of the complaint or inquiring what the complaint is about, please call me at (360)236-2770, or contact me by email at jim.smith@doh.wa.gov.

Sincerely,

JAMES H. SMITH, Chief Investigator
Department of Health
Medical Quality Assurance Commission



Hamilton, Cindy (DOH)

From: DOH OS MQAC
Sent: Tuesday, November 29, 2011 8:30 AM
To: Hamilton, Cindy (DOH)
Subject: FW: Complaint against Bart Muller, MD00012004

For you,

Dawn Thompson

Dawn Thompson, Credentialing Specialist
Medical Quality Assurance Commission
Washington State Department of Health
PO Box 47866, Olympia WA 98504-7866
Email: dawn.thompson@doh.wa.gov
phone 360-236-2765
fax 360-236-2795
Web address: www.doh.wa.gov/hsqa/mqac

"Promoting Patient Safety and Enhancing the Integrity of the Profession through licencing, discipline, rule-making, and education."

From: Saskia [mailto:keepingsweetinseattle@gmail.com]
Sent: Tuesday, November 29, 2011 1:04 AM
To: DOH OS MQAC
Subject: Complaint against Bart Muller, MD00012004

Medical Quality Assurance Commission
P.O. BOX 1099
Olympia WA 98507-1099
Email: Medical.Commission@doh.wa.gov
Phone: 360.236.2750
Fax: 360.236.2795

Re: Complaint against Bart Muller, MD00012004

Dear Commissioners:

While traveling on the East Coast, I received a cryptic threatening email from a Bart Muller MD. I demanded that he fully identify himself, explain what business he had with me and confirm if his email was an a threat. He did not respond. He also called me by a name only my family uses. His email links to the website of a psychiatrist in Seattle. I am not connected to him other than being the target of harassment by Media Logic. Bart Muller resembles Don Sytsma at Media Logic and may be a close relative, both men are from the Netherlands.

Harassing me for voicing political views or reporting abuses is a violation of my First Amendment rights. Using professional authority to intimidate is a crime.



----- Original Message -----

Subject: Difficulties

Date: Tue, 9 Aug 2011 18:38:56 -0700 (PDT)

From: Bart Muller <muller_bart@yahoo.com>

Reply-To: Bart Muller <muller_bart@yahoo.com>

To: keepingsweetinseattle@gmail.com

<keepingsweetinseattle@gmail.com>

Hi "Saskia" (Susan)

It's time to go home now.

-----end of message -----

Bart Muller, MD (Dutch)

CABRINI TOWER STE 1020, 901 BOREN AVE, SEATTLE, WA,
98104-3595

phone 206 624-3311

<http://www.bartmullermd.com/about.html>

<http://www.seattlemet.com/issues/archives/articles/0810-top-doctors-2010/25/>

Year of Birth: 1948

Medical degree from Univ. of Amsterdam 1967 (*at age 19*) ??

Immigrated from the Netherlands in 1971 (*at age 23*)

Psychiatric training at the University of Washington 1975 (*at age 27*)

medical license number: MD00012004 (Recertified 2008)

Business Lic UBI: 602839712 (first issued 2008 at age 60) ??

Donald Sytsma (Dutch)

Director and Strategic Planner

Media Logic, Inc (aka Media Logic in Seattle)
1420 Fifth Avenue - Suite 2200, Seattle, WA 98101
Telephone: 206-243-1000, FAX: 206-575-0168
<http://medialogic.com/about>
[http://medialogic.com/Leadership.asp#Donald Sytsma](http://medialogic.com/Leadership.asp#Donald_Sytsma)
<http://ethix.org/tag/don-sytsma>
Year of Birth 1941?
Business Lic UBI: 601391652 (first issued 2007)
Immigrated from the Netherlands in 1948

The stick: Media Logic, Inc. (aka Media Logic in Seattle), describes itself as a 'for profit' social venture company and threatens businesses with continuous litigation and a deteriorating public image if they fail to address race issues. They use technology to snoop exploit, harass and entrap. I'm not a company and have never been in a supervisory position, have not harassed anyone at work or caused anyone to be fired. I do however support immigration controls and report abuses.

They were discovered to be the source of the harassment after their recruiting manager, Charleen Day, attempted to entrap me on a Right-to-Represent agreement with an East Indian recruiter in September 2010. I've since found that most of the people I've identified have connections to Media Logic.

When I attempted to contact Donald Sytsma in August 2011, my call was forwarded to a woman claiming to be Charleen, who then filed a restraining order against me for harassing calls. As of June 2011, her linkedIn profile showed her as an ex-employee of Media Logic so there was no reason for me to expect Charleen to be answering the corporate phone. <http://www.linkedin.com/pub/charleen-day/25/365/130>

They claim minority status for being owned by a Hispanic female but they appear to be a sister company of Media Logic in Albany with shared leadership and family. (no image of found of founder Kathy Hobbs.)

The carrot: Media Logic, Inc (aka Media Logic in Albany): Founded in 1984. A 'progressive' marketing firm that creates its own reality.
<http://mlinc.com/people>



David Schultz

Founder & President

Department of Defense contracts for Media Logic in Seattle

<u>Amount</u>	<u>Parent Company</u> <u>Name</u>	<u>Major Agency</u>	<u>Product or Service</u>	<u>D</u>
<u>148,035</u>	MEDIA LOGIC, INC	Dept. of Defense	Automatic data processing and telecom. services	20
<u>165,005</u>	MEDIA LOGIC, INC	Dept. of Defense	Automatic data processing and telecom. services	20

Please feel free to contact me with any questions.

Saskia Valentine
9073 Pine Mission Ave
Las Vegas, NV 89143
(206) 856-1778

Note: I moved from WA to NV in November 2011

Redaction Summary (3 redactions)

2 Privilege / Exemption reasons used:

1 -- "Attorney Work Product - RCW 42.56.290" (2 instances)

2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (1 instance)

Redacted pages:

Page 3, Attorney Work Product - RCW 42.56.290, 1 instance

Page 6, Attorney Work Product - RCW 42.56.290, 1 instance

Page 54, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance